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2010

The Perceptions of Developmental Therapists about the Influence of Inner-City Home Environments on Service Delivery

by

Tywanda Jiles

M.S., Dominican University, 2004
B.S., Governors State University, 2002

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Education
Teacher Leadership

Walden University
June 2010

ABSTRACT

The reauthorization of the Individuals with Disabilities Act required that early intervention services for young children from birth to age 3 take place in their natural environment. However, limited research has been conducted on the impact of this requirement on the actual service providers who work within the home environments. Lewin's field theory on behavior, individual person, and the environment formed the theoretical framework for this descriptive case study, which examined the perceptions of developmental therapists on how their service is influenced by the inner-city home environment. Ten developmental therapists in a midwestern metropolitan city were interviewed about their beliefs and experiences on working within this environment and the influences of those beliefs and experiences on service delivery. Participants were members of a developmental therapy association of a Midwestern U.S. state who provided services in the inner city. Participant responses were transcribed, put into categories and assessed for themes. Five common elements within the inner-city environment were found to influence service delivery: (a) traffic of nonparticipants: (b) noise from TV, radio, and so on: (c) safety while traveling: (d) transient families: and (e) need for professional development. In addition, this study examined the providers' perspectives on their educational preparation to work in this setting. The results identified from this study provided the basis for a much-needed reform to the current professional development model and identified professional learning communities (PLC) as the guide to implement change. Incorporating PLCs can equip inner-city therapists with the ongoing support and training that is needed to provide services in a variety of environments, which increases the effectiveness of their service delivery while providing measurable outcomes and continuity of services for children. This study influences change at local and federal levels by reviewing current practices to effectively implement meaningful professional development.

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DEDICATION

I dedicate this dissertation to the memory of my late father, Roosevelt Jiles, Sr., and my brother, Roosevelt Jiles, Jr., who are truly my unsung heroes. Their perseverance and endurance during the most difficult times in their lives has inspired me immensely. Becoming Dr. Jiles has always been a goal of mine and I have spent years, months, weeks, days, and hours working towards this very moment. Fight, will, and determination are what they have demonstrated to me and each of them pushed me with their display of strength and courage when I didn't think I could take anymore. They are the reason for my happiness as it applies to this major accomplishment.

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SECTION 1: THE PROBLEM

Introduction

There is much to be said about working with children and their families in natural settings. Natural settings allow children and their families to behave in ways that are consistent with and very much a part of their daily routines. The reauthorization of the Individuals with Disabilities Act (IDEA; 2004) requires that early intervention services for young children from birth to age 3, take place in their natural environment. A natural environment for children in this age range is any place that happens to be a part of the child's normal daily routine and activities, thus making the home the most appropriate place for all children to receive services (Illinois Department of Human Services [IDHS], 2005). As a result, many therapists have had to leave the clinical setting they are familiar with to enter a different territory, the natural environment. Delivering services in the home requires that the therapist experience many facets of the home environment, which can possibly affect service outcomes. Professional study teams have been identified in the literature (DuFour, 2005; Hord, 2007; and SEDL, 2009) as an effective professional development model that can provide continuous ongoing support and training for therapists to work in this environment. With a solid understanding of what developmental therapists experience in the inner-city home environment, therapists will be able to find ways to work effectively in any setting, overcome hindrances that influence their behavior, and increase appropriate practices in developmental therapy, resulting in continuity of care for all at-risk children and their families. The projected study team model includes ways for developmental therapists to change the way that they normally obtain professional development and training. Dufour (2004) suggested that being a part of professional learning community (PLC) requires

change. In this qualitative study, I identified and explored the influences of the inner-city home environment and how those influences contributed to the delivery of services by the developmental therapist. Since developmental therapists are in fact therapists, the terms developmental therapist and therapist are used interchangeably throughout this study.

Background

Developmental Therapy

According to Positive Connections (2009), developmental therapy may be defined as ―a specific, individualized and focused intervention designed to promote a child‘s motor, cognitive, language, social and emotional development as well as self-help skills"(Positive connections, 2010, para.4). Developmental therapy reflects the expectations and goals that families have for their children. The services that are provided within home settings require the therapists to communicate with parents, siblings, and/or other family members who are present to make decisions and collaborate about the child‘s development. According to Brorson (2005), this therapy involves a variety of steps such as planning, greeting, activities, observation, demonstration, sharing knowledge, follow-up, and scheduling.

Greenwood (1999) cited in his United States Department of Justice report that developmental therapy and other services provided through Early Intervention have the ability to provide significant benefits to children and their families. These benefits may include increased emotional and cognitive development, better parent-child relationships, improved educational processes and outcomes for the child, and improved health-related indicators such as child abuse, maternal reproductive health and substance abuse. According to Diamond (2005),

developmental therapy produces optimal results as long as the services are rendered correctly according to the Individual Family Service Plan (IFSP), and all parties are involved in collaborative communication.

However, developmental therapy is a comprehensive service that remains complex in the benefits that it can provide for at-risk infants, toddlers, and their families. The services must include the family as key team members in the implementation process (Crais, Roy, & Free, 2006). Guralnick‘s (2001) research found that the therapist must be willing to work with the family and ensure that the goals of the child‘s IFSP are a priority. If the family and their concerns are considered when making the decision to receive services, the chances of developmental therapy producing positive and beneficial outcomes for the children and their families will be greater.

Legislation on the Natural Environment

A natural environment is not a new idea in early intervention as therapeutic services have been conducted in this setting since the early 1970s (North Carolina Department of Health and Human Services [NCDHHS], 2002). However, with the growing numbers of children served (Illinois Early Learning Council, 2006), and research conducted on the benefits of providing services in natural environments (Greenwood, 1999; Ou, 2005), the focus on the natural environment has gained significant attention.

Historically, the term *natural environment* first appeared in the United States Federal Register in 1989 in regulations for the Education of the Handicapped Act Amendments of 1986 (Public Law 99-457). It appeared again in the law for the first time in the Individuals with

Disabilities Education Act (IDEA) Amendments in 1991 (Public Law 102-119), and later in the 1997 amendments of IDEA (Public Law 105-17).

One specific aspect of the federal regulations that govern IDEA (2007) Part C regulations stated, ―To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate" (34 CFR 303.12b). However, when Early Intervention emerged in the early 1970s, services could be provided in a variety of venues including the child's home, child care centers, clinics, and other community settings (NCDHHS, 2002). With the Reauthorization of Part C of IDEA, the term natural environment was emphasized and became a priority for the implementation of service delivery. The federal government issued rules (34 CFR 303.344(d)(l)(ii)) that therapists to adhere to services provisions in the natural environment. It required that a statement within the IFSP speak specifically about the natural environment in which the intervention is to be provided, as well as justification of the extent to which services are not provided in the natural environment.

These changes reflected research that indicated that utilizing the child's natural environment is important to the overall developmental goals children receiving early intervention services (Bricker, 2001). According to Raicot & Shelly (1998) some research has suggested that, the natural environment is best for the child and the family, the question of whether it is the best working environment for therapists, who are the ones who must change their location for service delivery.

Benefits of Natural Environments

There are many benefits to developmental therapy delivered in the natural environment. Research strongly supports natural environments as a significant factor in young children's overall development (DeSouza, Sardessai, Joshi, Joshi, & Hughes, 2006). Data collected on early intervention outcomes showed the importance and benefits of developmental therapy for young at-risk children (DeSouza et al., 2006, p.63). Bratton, Ray and Rhine (2005) researched 93 studies on the outcome effects of play therapy in comparison to at-risk children who did not receive any type of early intervention services. The results from this study suggested that play therapy is a statistically vital form of intervention for at-risk children. The time frames for the compared studies were from 1953 until 2000. This longitudinal study indicated that this area has been researched over several decades, and the outcomes still show positive benefits from therapeutic services. Even though the research in Bratton et al.'s study focuses on play therapy in comparison to no therapeutic services, it still indicates that therapy is beneficial.

Early intervention has also yielded positive long-term benefits. In a longitudinal study conducted on the long-term effects of early intervention and latter educational attainments of the clients, (Ou, 2005) indicated that students who received early intervention had more developed cognition skills. Ou (2005) focused on students from the inner-city of Chicago, and the students were tracked until they were 22 years of age. The results from this research show that early intervention in conjunction with family and school support can be very beneficial for young children who are at risk.

After a careful and comprehensive examination of key foundational studies, the research has shown that early intervention in the natural environment can be beneficial for children. Yet, despite the legislation and noted benefits of this setting, little research has been conducted on the perceptions of service providers on working in natural environments. Gallagher (1989) warned that there is danger in nonprofessionals producing guidelines for specialists, as they are not the ones who are actually providing services or affected by the legislative changes. Shelly and Raicot (1989) stated that the real-life problems that families and service providers face when conducting early intervention in natural environments has not yet been sufficiently explored.

Inner-City Environments

According to the Initiative for a Competitive Inner City (ICIC; 2009), which provides economic and geographic information related to inner cities to increase business growth, inner-city environments can be described as —core urban areas that currently have higher unemployment and poverty rates and lower median income levels than the surrounding Standard Metropolitan Statistical Area (SMSA)(ICIC, 2009 para.2). Luthar and Goldstein (2004) reported that Inner-city environments also reflect higher crime rates and violence in comparison to other areas. The culture of the inner-city home environment can have an influence on the children and families who reside within them. These influences include the possibility for being at-risk for cognitive delays, behavior problems and limited social skills.

Many characteristics of inner-city environments can become a precursor for children to be developmentally unsuccessful (Luthar & Goldstein, 2004). However, providing developmental therapy in natural environments is acknowledged, as an effective approach to

combat these disadvantages, thus having therapists' perceptions regarding work in this setting is crucial.

Definition of the Problem

In the United States unprecedented numbers of vulnerable children and families are being confronted with a remarkably diverse and challenging array of risk factors and developmental disabilities (Guralnick, 2001). In 2005, almost 64,000 Illinois children were identified as at-risk and received services within the birth-3 years age group (Illinois Early Learning Council, 2006, p. 10). According to the Illinois Department of Human Services (IDHS, 2009), of this number almost 19,000 are actively enrolled in Early Intervention, have a current IFSP, and are being provided services. The IDHS websites provide a wide variety of information about early intervention services, including the actual numbers of children served; many of these numbers are representative of children and families who reside in inner-city home environments.

Inner-city home environments comprise living conditions often plagued by low-incomes, low educational levels, lack of health insurance, and high crime and drug rates. These sometimes-undesirable environments may influence a therapist's decision to provide services in these areas. According to the Illinois Annual Performance Report (2008), the difficulty in obtaining qualified providers has resulted in a 16.4% delay in services being provided within these areas (a delay in services" includes anything that prevents services from taking place, excluding family-caused delays). This lack of services can result in decreased developmental gains for at-risk children and their families. This problem affects not only the therapists who

work in these settings, but also the families and their children who desperately need therapeutic services for optimal growth and development.

Research ([Dunst, Trivette, et al.,] 2001; Keilty, 2001) supports the implementation of IDEA (2007) in natural environments, as this setting has many noted benefits; however, therapists are the ones who must ensure that this mandate is carried out (Bruder, 2000a; Campbell & Halbert, 2002; Keilty, 2001; Moes & Frea, 2002). Successful service delivery, by qualified developmental therapists within the natural environments is a significant factor in helping children to make positive developmental gains in areas of delay or in reducing at-risk factors. Therefore, developmental therapists (DT) need to be able to work successfully in this environment. Knowledge and awareness about these areas will not only increase services but will also promote a better understanding of developmental therapist perceptions concerning the inner-city home environment. This knowledge will contribute to an understanding of what developmental therapist need to work in this environment, what their thoughts about specific aspects of this environment include, and what influences from this environment influences their behavior while providing services to children and their families.

This study adds to the body of knowledge concerning the work of developmental therapists within the inner-city home environments by exploring therapists' perceptions and identifying what is needed for support and training to be effective in this setting.

Rationale

Evidence of the Problem from the Professional Literature

Since 1989, legislators have made natural environments a required part of the IDEA (2004). Research conducted on the home as a natural environment setting (Bakermans-Kranenburg, et al., 2005; Sheldon & Rush, 2001; Ou, 2005; Sawhill, 1997; [Reynolds, et al.], 2001) has determined that early intervention can contribute significantly to the cognitive development of young children who are developmentally delayed and/ or at-risk. There does not appear to be a connection between the benefits of working in this setting and the service providers who actually work in these environments. This lack of information could lead legislators and policy makers to believe that these providers are adequately prepared for and comfortable with working in natural environment settings and that the environment has no influence or bearing on service delivery.

Evidence of the Problem at the Local Level

I chose to address the perceptions of developmental therapists and how they influence service delivery because I am a practicing developmental therapist in the inner-city home environment and believe it is crucial that research be conducted in this important area. Developmental therapists work alone as they move from one home to another to provide services, and in most cases they are not prepared educationally about the dynamics of home environments. This research is unique as developmental therapists work with all areas of a child‘s development, including social and emotional development, which is directly impacted by the family and cultural environments of the child. Developmental therapy is emerging as a new field, distinct from occupational therapy. The services provided to the children and their families are individualized and incorporate the child‘s environment. They require planning, adequate

space, and family involvement. Understanding what environmental influences therapists encounter while providing services in the inner city may help to increase measurable outcomes for identified children and increase continuity of services in this setting.

The goal of this research project was to understand therapist perceptions about the inner-city home environment, as therapists' are the vital essence of early intervention. If there are not enough therapists to provide services in natural environments such as, the inner-city home setting, early intervention might suffer in reaching its goals of service delivery within the natural environment. In this study, therapists' perceptions concerning the influence of the home environment on their service delivery were explored. In addition, therapists were asked what type of educational training and support were needed to implement best practices in this setting. The overall purpose of this study was to gain insight into the perspectives of a group of professionals who are active in a field that is still emerging and underrepresented in scholarly literature. This research did not aim to identify why the inner-city home environment is not an optimal service location but rather to provide insight and information as to how this setting type influences service delivery and to better understand and support therapists in working with children and their families successfully.

The data from this research benefits developmental therapists and therapists from other disciplines, government administrators, and families. Using these data, government administrators and regulatory agencies can offer resources including training and service delivery models for making services available within inner-city home environments as a part of

ongoing effort to support, professionals in providing services in natural environments.

A significant amount of research has been conducted on natural environments and early intervention. Two primary data sources that served as a guide for this study were on the benefits of home environments and family-centered services. DeSousza (2006) studied the elements of a successful early intervention program and noted that providing services to families in their home was a key to program success. Crass, Roy, and Free (2006) also conducted a study that examined the change in practices from child-centered intervention to family-centered intervention in service provisions. The results of the study conducted by Crass et al., (2006) indicated that both the family and therapist agree that family-centered intervention is effective for the child. Both sides felt that positive outcomes can occur within family-centered practices rather than services that take place at a clinic. To have both the families and therapists agree to work together is crucial, as it is an essential part of providing services for early intervention. Nevertheless, questions remain about the perceptions of developmental therapist and working in inner-city homes environments. How can developmental therapists working in inner city home environments successfully carry out the edict of providing services in the natural environment? Does IDEA include provisions for training opportunities on inner city environments for Developmental Therapists? Are families who reside within the inner city informed of their role and responsibilities of services being performed in their homes? These questions cannot be answered based on the current literature on this topic; thus it is important to study elements within the inner city home environment that may affect services. Finally, this study leads to the creation of future training and professional development models for developmental therapists.

Definitions

The terms defined in this section are those that require further clarification of its meaning in relationship to the study.

Developmental therapy: specific, individualized, and focused intervention designed to promote a child's motor, cognitive, language, social and emotional development, as well as self-help skills (Positive Results, 2008).

Developmental therapist: trained specialist who provides the intervention strategies to promote a child‘s cognitive, physical, and emotional development (Provider Connections, 2004).

Early intervention: the provision of educational or therapeutic services to children under the age of eight. Legislatively, early intervention is used to describe the year‘s birth to age 3.

Illinois Developmental Therapy Association (IDTA): is a nonprofit professional organization incorporated in January 2006. The mission and purpose of the IDTA is to provide the highest quality services to children with disabilities and delays and their families through promoting and supporting the interests of developmental therapists (IDTA, 2006).

Individuals with Disabilities Education Act (IDEA): major federal statute authorizing funds for special education and related services for children with disabilities and providing detailed due process provisions to ensure that these children receive a free appropriate public education (Free Appropriate Education Act [FAPE]; 1997).

Inner city: areas that currently have higher unemployment and poverty rates and lower median income levels than the surrounding Standard Metropolitan Statistical Area (SMSA; ICIA, 2007).

Individual Family Service Plan (IFSP): A written plan for providing early intervention services for children and their families. It is based on recommendations and evaluations from the child's Early Childhood Development team (Provider Connections, 2007).

Mandatory ongoing professional development: According to the state of Illinois (2002), credentialed therapists who work within the Early Intervention system must meet with other therapists once a month for growth and development in the field. Therapists are required to sign, date, and maintain monthly meeting logs that verify that the professional development meetings are actually taking place

*Natural environmen*t: a setting that is natural or normal for the child's age and its peers who have no disabilities (34 Code of Federal Regulations (CFR) 303.18)

Service: Includes activities conducted by the therapist according to the IFSP. It includes the times and frequency and service delivery procedures.

Study team: Is a form of collaborative professional development.

Significance

The results from this study provide meaningful ways to offer support, training, mentoring, and or professional development for therapists across a variety of settings to become effective in providing optimal servies for all children and their families regardless to the setting. Therapists need an established support system in place in order to deliver the services in inner-cities required by IDEA. Working in settings that therapists are not accustomed to can be overwhelming and assistance may be required in order to adequately provide services for the children and their families. A study team is one possible way to provide that support for the

therapists. Providing meaningful professional development opportunities, like the study team models, helps to provide the support and training that therapists need to work in inner-city environments; this ensures that all children and families, regardless of their geographic location, receive the necessary intervention.

The study is also significant to the researcher and the larger developmental therapist community because of the requirement of providing services in the natural environment. There is a lack of reseach on providers and their perceptions of the different types of natural environments that they are expexcted to provide services in. The researcher believes that more reseach is needed on working in natural environments from the perspective of providers to help inform current practices. This study was designed to to make readers aware of facilatators or barriers of working within this environment. As a means of social change, the studied shares the experiences of participants as it is beneficial to others who want to know about working within inner-city home environments.

Guiding Research Questions

The overarching question for this study was, ―How do developmental therapists perceive experiences working within the inner-city home environment and how does environment influence the services provided?" The following research questions guided the study:

Research Question 1: What are the features and characteristics of the inner-city home environment that can influence service delivery from a developmental therapist's viewpoint?

Research Question 2: In what ways do these features or characteristics influence or facilitate service delivery from the developmental therapist's perspective?

Research Question 3: What support, training and or preparation is needed for developmental therapists to provide services within the inner-city home environment?

The research questions were developed by the researcher who consulted with an expert panel in the field of early childhood education and early intervention for the reliability and validity of the questions (Appendix A).

Review of the Literature

Introduction

Since 1989, legislators have made natural environments a priority for providing services within the IDEA (2004). These legislative actions have further signified the importance of providing services in natural environments to help, young children and their families in learning. Earlier studies conducted on natural environments and family-centered services have also reinforced the understanding and need for service delivery to take place in natural environments. While the requirement to provide services in natural environments is well documented in its researched benefits of working in this setting, literature is not readily available to show the perceptions of the providers who actually work in these environments. A closer examination of provider‘s perceptions on working within inner-city home environments and its influence on service delivery is needed.

Within this literature review, Lewinian field theory (1951) and how lived experiences and the environment influence a person‘s actions are examined. The subsequent sections explore policy, home environments, and training and educational support for therapists that affect their ability to work within an inner city home environment

The search for literature related to this study was conducted using EBSCO database, Educational Resource Information Center (ERIC) databases, and EdResearch Online. A further resource for this literature review was obtained from government and state documents for publication on Early Intervention. The search utilized the following key terms: *inner-city, natural environment, home environment, professional learning communities, peer study groups and study team model.*

Lewinian Field Theory

Lewinian Field Theory which was developed by the social psychologist Kurt Lewin provided the theoretical framework for this study. According to Lewin (1951) a person's behavior is derived from the entire situation, or field, which includes the actual setting. A field is defined as ―the totality of coexisting facts which are conceived of as mutually interdependent" (Lewin, 1951, p. 240). Field Theory demonstrates how human behavior is purposeful and that motives are goal directed forces.

Field Theory identifies how the individual, as well as the specific environment one is placed in, influences behavior. Lewin expressed this relationship in the equation *B=f (p., e.)* or behavior is a function of person and environment (Lewin, 1935; Deaux & Wrightsmann, 1988). Individuals behave differently according to the way tensions between perceptions of the self and the environment are worked through. This means that a person's behavior is directly related to his or her own characteristics and the social setting that they are in.

Lewinian Field Theory encompasses the feelings and experiences of developmental therapists as well as the interchange of elements within the inner-city home environment and its

influence on service delivery. Applying Lewin‘s theoretical perspective in relationship to providing therapy, the environment is shown to be a factor in influencing behavior because it includes all forces, positive and negative, which affect a particular situation (Lewin, 1935). Inner city home environments are characterized as being inundated with crime, pollution, housing, and lack of open space, social problems, and economic problems (GeoBytes, 2007). Individual therapists based on their own personal and cultural experiences can perceive each of these descriptors of the inner-city home environment differently. According to Sheldon and Rush (2001), ―many therapists are uncomfortable in natural settings because they are different from what [therapists] are accustomed to" (p. 4). These uncomfortable feelings can have many different effects on the therapists while in the environment. Discomfort and uneasiness arises when the environment is different from those in which the service provider is accustomed to (Mott, 1997). While legislation is important, it does not often consider how providers working within this environment are influenced. If therapists are not comfortable working within specific types of environments, or if they encounter situations within this setting, it may cause them to react and/ or behave differently, which ultimately could influence or be a barrier to their service delivery.

Environment and Behavior

Early intervention settings are defined as the various environments where intervention takes place with individuals who, through their behavior, are engaged in practices associated with early intervention (Thurman, 1997). These practices will be implemented differently among each individual therapist and family as it relies heavily on the nature of each environmental

setting. These ideas are related to environmental psychology. According to Stokols and Atman (1987b), environmental psychology is defined as the ―study of human behavior and well-being in relation to the sociophysical environment" (p. 73). Although the terms environment and behavior are used frequently together they are very complex and there are many variables that influence this relationship. In order to understand their mutual effects, it is necessary to understand the characteristics of the individual, the environment and the way that they interact with one another.

Environment

Social

The environment is comprised of both social and physical aspects. The social aspect of an environment includes social objects such as people, animals, and inanimate objects that are vital in maintaining social interactions (Lewis, 1984). Thurman (1997) discussed interactions with the identified social objects depend on the values of belief systems and influences of the particular setting, as well as the same beliefs and values of the larger cultural group.

Social behavior and social relationships within a setting are heavily influenced by the established standing pattern of behavior identified with that setting. Therefore, for the inner city home environment, the social and cultural conditions that influence residents in these settings will most likely resemble those of the community they reside. The social environment will also define roles, expectations and standards for deviance, and tolerance for differences.

According to Thurman (1997), ―The social environment when viewed from the perspective of any inhabitant of that setting will be seen as supportive, facilitative, neutral, or hostile and /or hindering" (p. 14). The actual perception is determined by the way an individual

will accept that setting and perceive feelings of well being in that environment. The outcomes of these perceptions will lend itself to the level of comfort that an individual will have with the actual environment.

Physical

The physical environment in a setting consists of the actual features of the setting including props, furnishings, decorations, as well as constructed and natural environments. It also encompasses light, space, temperature, and notice. According to research (Moos, 1976; Stokols & Atman, 1987a), each of these features is related to human behavior and performance. These are also termed as the material resources available for the environment. Mott (1997) asserted that, ―each of these resources can affect the ability of the service provider to effectively work with the family and child during visits" (p. 142).

There are other physical aspects of the environment that have to be considered. According to Mott (1997), cleanliness, health, safety of the environment and; basic resources such as heat, electricity and water can also impact service delivery by providers.

Interdependent Roles of Social and Physical Aspects of the Environment

Studies have indicated that the social and physical aspect of a setting will have a strong bearing on the individuals within that environment. Barker (1968) suggested that the very essence of a setting is dependent on a fit between the social and physical environments of that setting. The social environment and how therapists and families in the setting behave, affect the physical environment. In turn, the social environment is affected by the nature of the physical environment. The behavior and setting then affects the actual therapists when they come into the

environment and this in return influences their reactions and service delivery.

Because no two settings or humans are exactly alike, each setting will offer, a completely different experience. However, both settings and providers may share some common characteristics, and the ability to identify these characteristics can be beneficial in developing training needs and professional development opportunities as well as continuity of care for families.

Cultural Influences of Service Providers

There have been numerous studies conducted that indicate environmental and cultural factors influence occupational performance (Altman & Chelmers, 1984, Baum & Christiansen, 2004; Hall, 1973). Therapists come from a variety of backgrounds with diverse living and learning experiences. These combined elements affect the way one might handle different situations that are encountered. According to Iglesias and Quinn (1997) the intensity of these influences depends on therapists' level of education, cognitive skills, and proficiency of communication skills, morals, and beliefs systems.

Developmental therapists typically focus their efforts on the understanding of young children and their overall development. However, when working in a home environment the therapist needs to look at cultural diversity as it relates to the family that they are providing services for (Mott, 1997). Wayman, et al., (1991) conducted research on the issue of cultural diversity was discussed in relationship to those who conduct home visits. The study implied that

> although cultural differences should help shape interventions and more than more appropriate, once caveat should be observed-families, like individuals, have their own characteristics that may or may not reflect what is considered to be typical for their own culture[…]therefore, culturally sensitive interventions can only occur when each family

is treated as a unique unit that is influenced by its culture but not defined by it. (p. 59)

Other researchers support Wayman's, et al. view on the importance of each family unit needing to be treated as unique and not defined by culture. Iglesias and Quinn (1997) also stated that a person's value and beliefs are the things that usually define a person but this cultural framework is changing due to the various social, economic and physical environments.

No one can escape their cultural background. Since this is the reality, then service providers will need to examine their own values and beliefs. According to Iglesias and Quinn (1997) this is the first step in being culturally sensitive (p.56). Iglesias and Quinn also stated that "harmony exists when cultures are similar; consequently, the potential for conflict arises when differences exist among the individual families and providers" (1997, p. 4). While there are many things to consider when looking at the cultural differences of families, individual therapists and settings, it should be noted that there is no specific guidelines for service providers to follow to address cultural considerations. Although there is a significant amount of research that documents the benefits of services in home environments for early intervention, it is clear that more attempts need to be made to provide guidance and training on cultural differences for providers.

Home Environments

The home is more than just a setting it is the center of a family's life (Mott, 1997). According to Mott, "The home is more than a physical place; it is an emotional and social place that reflects the family's values, beliefs, customs and attitudes" (p. 139). Each home has its own specific characteristics that vary from one another. These variations are the functions of the

individual setting inhabitants, the resources available, and the influences the setting is subject to from the larger systems in which it is embedded (Bronfenbrenner, 1979). The home and family unit has a long history in American history and can be seen in several legislative acts. In 1990, the Administration on Developmental Disabilities started their family support principles with a statement that emphasizes that every child deserves a family, relationships with adults and a nurturing environment (Bradley, Knoll, & Agosta, 1992, p. 2). Another example is the Education for All Handicapped Children Act of 1975 (PL 94-142). Before this law was passed children with disabilities were often removed from their homes and placed in a more clinical setting.

As indicated by research the home environment is an optimal place to deliver services. The difficulties in implementing services in this setting arise when the families' home environment is confronted with the service provider's culture and background. According to Getswicki, (2007) it is inevitable that when families and teachers from diverse cultural settings come together, conflict and differences will appear.

Policy

Public policy reflects the shared views among federal, national, state, local and advocates from public interest groups. These views of these fore mentioned sectors have a have profound effect on the delivery of early intervention services (Hebbler, 1997). Legislative policies that govern Early Intervention saw the need to further provide updates that ensure that each state require all therapists and services providers to practice in natural settings. Adequate provisions had to be made by each state for the implementation of services in the natural environment but there was not any significant accommodations made to train service providers on effectively

working in home environments. This represents a gap in policy and preparation for these professionals.

Training and Educational Support for Therapists

Professional preparation continues to be a concern for many early intervention administrators (Gallagher & Staples, 1990). It has been noted that qualified personnel is needed for an optimal early intervention system and there is a shortage of personnel and no sign that this situation is improving (Hebbler, 1994; Meisels, et al., 1998). Since developmental therapists are influential in the developmental gains of young children, having trained professionals who are prepared to work in any setting is of utmost importance.

Currently, developmental therapists who are providing services do not have to complete a specific degree field that is titled developmental therapist, to obtain a credential to practice. The applicant needs to have a bachelor‘s degree in child development, early childhood education, special education, and meet specific hours in a set of core areas (Provider Connections, 2007). In a study conducted by Bailey et al. (1990) entry-level providers from different disciplines that are related directly to early intervention received very little training in working with young children 0-2 and or families.

Bricker and Slentz (1987) suggested that the training of personnel for work with the birth through 2-year-old population should take a somewhat different slant and focus from preparation programs designed for personnel desiring to serve the 3to5 year-old population. What does this slant in preparation and training encompass? Could this be the difference where professionals like social workers and psychologists who are trained to work with a variety of ages and inside

of different environments rather than teachers who do not receive and or not required to participate in similar educational preparation or training?

Implications

This study used the study team model as a form of professional development to meet ongoing state required training. Therapists will be able to convene at a regular meeting time with others from their discipline as a way to provide support, share learned experiences and suggestions for ongoing improvement. At the conclusion of this study, suggestions are offered to the governing body of early intervention; with changes regarding training on services rendered in natural settings like the inner city home.

It is imperative that professionals in education seek opportunities to help inform and led them to utilize and participate in best practices. Based on the description of what developmental therapy encompasses creating study teams for a professional development model appears to be the most beneficial in acquiring professional growth. A study team requires therapists to talk, listen, maintain mutual respect for colleagues and keep confidentiality (Barth, 1991). This model allows developmental therapists to engage in conversations with their peers to help discuss the best possible outcomes for young children in a collaborative approach.

Furthermore, the study team approach would be easy for developmental therapists to get accustomed to as it is similar to early intervention teams that are required in performing therapy. Therapists are expected to meet with other early intervention personnel every six months for each child they are providing services for. Another Illinois State requirement which requires peer contact is the ongoing professional development for therapists, where they are to meet with other

credentialed therapists once a month (Provider Connections, 2004). This makes the study teams for professional development an ideal model for developmental therapists.

Summary

The need to understand what developmental therapists experience in the inner-city home environment is essential. Since the environment can contribute positively or negatively to services offered it is crucial that an understanding about environmental influences be gained. The inner-city as a natural environment setting has its own specific characteristics that providers have to master to be effective in this setting. Characteristics of the inner-city such as high crime, low education and drugs may be difficult to overcome. For years providers were able to provide services in a more traditional environment like clinics and or therapeutic centers. The things that are unique about the inner-city environment are the very things that can influence therapists' service delivery. When viewed together, it is clear that environments can influence service delivery.

Despite the obvious connection of environment and its influences on service delivery most of the professional and scholarly literature does not depict developmental therapist thoughts on providing services within inner-city environments. Service providers depend on the mandated changes that are offered by legislation. While these changes are required no training or educational preparation was offered to therapists before these provisions went into place; therefore, creating a pool of providers who were not thoroughly prepared for work in this setting.

There is a relatively small portion of literature on provider's perceptions on natural environments that includes the importance of training and preparation for personnel who work

within early intervention (Barth, 1991). This lack of documented research on provider perceptions further reiterates the need to understand this experience.

Obtaining information about therapist's experiences can help streamline the inner-city home visiting process, which can decrease the percentages of service delays in areas that developmental therapists are not willing to work in. This can also significantly decrease the number of delays and risk factors that young children in those areas are often faced with. A detailed overview of the methodology that is used to understand what inner-city developmental therapists experience is discussed in section 2.

The following section describes the case study method and the research method design used, which includes demographic questionnaire and interview results. Section 4 describes the proposed project study design and reviews professional learning communities. In addition I will provide detailed reflections of the doctoral study process.

SECTION 2: THE METHODOLOGY

Introduction

The purpose of this section is to describe the design used to explore the research questions and to report the findings and outcomes of the study. This qualitative study used the research paradigm of the case study method and its orientation. In this study, the experiences of 10 developmental therapists who work within inner-city home environments were investigated. According to Leedy and Ormond (2005), case studies are suitable for learning more about a little known or poorly understood situation. Leedy and Ormond suggested that researchers of this method collect extensive data on the individual(s), program(s), or event(s) on which the investigation is being focused. The data often come from interviews, documents, and past records (Leedy & Ormond, 2005). Yin (1984) suggests that case studies are useful in recording details about the context surrounding the case, which can include the actual physical environment, economic, and/or social factors that have bearing on the situation. As Lewin‘s Field Theory indicates, –One‘s behavior is related both to one‘s personal characteristics and to the social situation in which one finds oneself" (Wheeler, 2008, p. 1639). This experience is the exact experience that this study aimed to uncover. This firsthand account of lived experiences is beneficial for developmental therapists as it encourages the creation of trainings, college courses, and or ways to work within inner-city environments.

Qualitative Research Design and Approach

Creswell (1998,) stated that case studies focused on understanding the essence or structure of a phenomenon (p.53). Using the case study design, the researcher sought to understand developmental therapists‘ experiences and perceptions of the inner-city home

environments, in addition to how these experiences and perceptions shaped the delivery of services from the service provider's perspective. In-depth interviews with developmental therapists were utilized to gain a variety of perspectives that lead to rich, thick first person accounts about what influences service delivery in the inner-city home environment, and what roles do these environments play from an insider's viewpoint.

Rationale for Case Study

The case study methodology was selected as the appropriate qualitative research paradigm for this study as it attempts to understand people's perceptions, perspectives, and experiences about a particular situation (Leedy & Ormond, 2005). In reviewing other qualitative research methods, the case study method was deemed the most appropriate. According to Yin (1984, p. 23), a case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context. The other qualitative methods of biography, phenomenology, ethnography, and grounded theory were not suitable for this study.

The following qualitative methods were considered as possible research paradigms: phenomenology, ethnography, and grounded theory. Phenomenology was ruled out as a possible method choice as it primarily looks only at the things that are perceived and nothing outside of the human conscience. While this study examined a group of people and their thoughts, it also examined other documents and records to validate the case being studied unlike phenomenological studies. Ethnography was also ruled out as a possible research paradigm as this study focuses on the perceptions of developmental therapists and not their day-to-day interactions through observations. Observations that are utilized in ethnographic studies are not

possible as early intervention services are usually done at the child‘s home and this would not allow the researcher an opportunity to see everyone due to scheduling conflicts. Grounded theory was also not a suitable choice for this study as this method aims to gather information to generate a theory.

The role that I played as the researcher was to be actively engaged in gaining an understanding of what the developmental therapists experienced in working in this environment. I also described the learned understanding that was gained to create new knowledge about this phenomenon. This role is what helped to further validate that a case study was the most appropriate choice for exploring the perceptions of developmental therapists on the role of the inner-city home environment and its influences on service delivery.

As a listener and observer, I increased my knowledge and understanding about providing services in the inner-city home environment from a therapist‘s point of view. My thoughts and experiences on providing services in similar environments were suspended as I solicited thoughts from other developmental therapists to obtain new and open feedback about providing services within this unique work setting. Each developmental therapist had his or her own way of seeing, thinking, and feeling in regards to providing services in the inner-city home environment. Therefore, it was imperative to listen and allow developmental therapists to reveal their direct experiences. These actions are the essence of the case study research design.

Participants

Purposeful sampling was used to recruit participants for the study. Moustakas (1994) suggested that purposeful selection include participants who have experienced this phenomenon.

Participants for this study were chosen based on the following criteria:

1. A member of the Illinois Developmental Therapy Association (IDTA)
2. Hold valid developmental therapy credentials through Early Intervention
3. Must provide services within the inner city.

The IDTA had 105 members statewide as of December 2008 (IDTA, 2008). The membership includes males, females, and people from different ethnicities and backgrounds.

Volunteers were solicited for this study through their willingness to participate, as the first 10 IDTA members who responded to the request were invited to participant in the study (Appendix B). According to Creswell (1998), sampling was appropriate due to the nature of in-depth interviews. This organization was purposely selected for the study sample, as this is the only organization that represents this working profession. I am currently a member of IDTA and have limited access to other developmental therapists as most work independently.

I communicated with the president of IDTA via e-mail to inform her about the opportunity for developmental therapists to participate in a research study on the experience of working in inner-city home environments and its role in influencing service delivery (Appendix C). In addition, I obtained permission to use the listserv as a means of soliciting therapists to participate (Appendix C).

After identifying 10 participants by the criteria listed above, each was contacted first through telephone calls and or e-mails. During the initial contact, I provided the participants with pertinent information to ensure that they met the inclusion criteria. Each participant selected his or her preferred interview time. Each participant completed a demographic questionnaire

(Appendix D). The questionnaires were returned either through e-mail or in person during the scheduled interview. The demographic information included age, educational information, years of service in the field, years of service working within inner-city environments, gender, ethnicity, and range of salary.

As required by the Institutional Review Board, all information will be kept confidential and, stored in a locked file cabinet for 5 years. Confidentiality was assured and participants were clear that all of their personal information was being held in the strictest confidence. This information was provided to each participant again at the start of each interview.

Data Collection

A key strength to case studies is that they involve using multiple sources and techniques to gather data. For this study, the researcher used interviews as the primary source for data collection. The researcher met with the 10 participants individually for 60-minute sessions. During the interview sessions, the researcher discussed with each participant his or her experiences with the inner-city home environment and its influences on their service delivery. Semi-structured and unstructured questions guided the interviews. All personal information was removed to protect the identity of the participants and the interviews were coded to further ensure their confidentiality.

Before each individual session began, the researcher checked the audio tape recorder for proper function and went over the participant‘s rights as a member of this study. Each participant signed the consent form (Appendix E) granting permission for use of this information in this study and or subsequent publications. Interviewees were identified with a number to

protect their privacy. Each interview session consisted of open-ended questions that were semi-structured and unstructured. The semi-structured questions provided an opportunity to gain specific information about the participant‘s experiences and their feelings. The unstructured interview questions kept the conversation going. The participant‘s responses determined the direction of the interview. The interview questions are located in Appendix A. Interviews were conducted over the phone or in easily accessible public locations. An audio recording device recorded the interviews. Once completed, I transcribed the data for analysis.

I suspended any preconceived notions or personal experiences that might have influenced what I heard the participants saying (Leedy & Ormand, 2005). I employed the Epoche process to set aside any preconceived judgments and or biases to make sure that the experiences of the participants emerged. Creswell (2007) described the Epoche process as a way for the investigator to set aside his or her own experiences, as much as possible to take an open perspective of the phenomenon being investigated.

To be sure the participant‘s actual perspective was represented fully; I worked diligently to be objective during each interview. I also worked to establish a rapport with each participant and provided an environment that allowed the participants to discuss their experiences. The emotional status of all participants was taken under careful consideration during the interview process.

Data Analysis

I used the four stages for interviewing by Creswell (1994). In the first stage, I indicated the goals of the study, described procedures and answered any questions for participants. The

second stage, the exploration phase, I asked questions, recorded participant's responses and took notes as needed. The next stage, the closing stage, is where I concluded the interview process. The final stage, the conclusion stage, involved the process of member checks to ensure validity to the interview process.

Four of the interviews were conducted over the phone and the remaining six were face-to-face. Before the interview was conducted, each participant had to sign the informed consent form that allowed the interviews to be recorded and publish the findings. The interviews were recorded using a recorder. For the interviews conducted by telephone, the researcher utilized a speakerphone with an audio recorder.

During each interview, open-ended questions were used with guided approach. All of the questions, within each of the separate interviews, were asked in the order that they are listed in Appendix A. In the interview sessions, the participants' responses addressed the unstructured interview questions; which meant that there was no need to ask the participants those additional questions. Each interview allowed participants to naturally speak and express themselves.

Once the interviews were completed, the data were transcribed, analyzed and coded. The researcher used Microsoft Word to transcribe the audio-recorded interviews. The documents were stored on a jump drive so that the researcher could make the necessary changes to code, analysis the data and print out any necessary documentation. Storing on the jump drive also added another element of protection to the confidentiality of the documents, as the researcher is the only person who has access to this device. Each participant received the opportunity to review the transcript for accuracy and to make changes deemed necessary. The researcher made

the necessary changes as requested.

For each interview, the researcher reviewed each transcript carefully in conjunction with the audiotape recorder. During this step, the researcher identified common themes in the descriptions of the participant's experiences (Barritt, 1986). The researcher then employed the following procedures to analyze the data (Creswell, 1998):

1. Identify statements that relate to the topic.
2. Group statements into ―meaning units".
3. Seek divergent perspectives.
4. Construct a composite

Following Creswell's (1994) qualitative data analysis model, the researcher eliminated any irrelevant data that did not align with the central themes that emerged.

The interviews were scheduled over a 2-week period. All interviews were completed within the 60- minute allotted period. Audio recordings of the interviews were essential in gaining participants perspectives on inner-city home environments, things that specifically influence their service delivery and training and educational requirements. Common words, phrases, and themes from the interviews were identified and were interpreted to be a unit of meaning. The units of meaning helped the researcher to identify where participants ideas related. The data were then arranged into categories that related; this step helped to develop common themes among the participants and helped with the interpretation and deriving meaning from the data. In addition, the demographic data obtained from the questionnaires were analyzed to determine if there were any relationships that could be drawn between education, years as a DT or age. This process is quite common in qualitative research where the researcher looks for

patterns and relationship in the data sets.

Assumptions

There were several assumptions made in this study. The first assumption was that all of the identified participants had experience working within the inner-city home environment. Additionally, there is an implied assumption about the motivation, skills, and attitudes of DTs. Further implied is that external factors did not influence participant perceptions. The final assumption is the researcher‘s belief that DTs are interested in improving services within this setting type, as well as an interest in professional development opportunities.

Scope and Delimitations

The study includes a demographic questionnaire and in-depth interviews of 10 DTs. This study confined itself only to members of the IDTA practicing in the inner city, which is a relatively small number. This study is not intended to identify why the inner-city home environment is not an optimal service location but rather to provide insight and information as to how this setting type influences therapist during service delivery, and to gain further understanding of the setting and ways to support therapists in working with children and their families successfully. This study is bounded by the limited period of the study and by the narrow range of the setting.

Limitations

I am a developmental therapist who provides services in the inner city, which may influence the interpretation of answers provided by some of the participants. Other possible

limitations may be the sample size for this population, which were 10 participants. Such a small sample size could affect the findings and limit the availability to make generalizations. In addition, interviews were the primary method of data collection and I cannot be certain if each participant was telling the absolute truth.

Qualitative Results

This section presents the results of the research. It begins with a demographic analysis of the l0 participants and the five themes that emerged from the data. Each of the five themes is framed by the research questions and is supported by dialogue from the interviews. 4 out of the 10 interviews were conducted via telephone and the remaining 6 were face-to-face. Interviews began upon the return of the signed consent forms and the demographic questionnaires. During the interviews, the researcher utilized a copy of the research questions and kept field notes. After each interview was completed the notes were reviewed and used to help identify common ideas. These common ideas among participants were later used to help in developing themes. This is followed by a discussion of the 3 research questions. Evidence of the accuracy of data is also included.

Demographic Characteristics of Participants

The demographic information indicated that all of the participants were females. All of the participants described themselves as minorities, primarily the African American ethnicity. The majority of the developmental therapists interviewed have been credentialed service providers for over a year, with the longest participant working in this capacity for over 7 years. Nine out of the 10 participants were between the ages of 31-40. There was an even number

between full-time and part-time therapists. However, full-time therapists earned substantially more money than part-time therapists did with salaries ranging from the mid $40s to over $60 thousand dollars annually. Part-time developmental therapist earned from $1,000 to $20,000 annually. No educational information was obtained from participants as the credentialing organization for each state has specific requirements for becoming credentialed developmental therapists. The minimum educational attainment requirement is a bachelor‘s degree.

Table 1

Demographic of Interviewed Participants

Participant	Yrs. as DT	Yrs. as inner-city DT	Age	Gender M/F	Race	FT/PT	Annual income
001	7 +	7 +	31-40	F	Black	F T	$60+
002	1 +	1	40+	F	Black	PT	$20+
003	7	7	31-40	F	Black	F T	$60+
004	−1	−1	31-40	F	Black	F T	$40+
005	1 +	1 +	31-40	F	Black	PT	$20-
006	1 +	1 +	21-31	F	Latino	PT	$20-
007	−1	−1	21-31	F	Black	PT	$20-
008	2 +	2 +	31-40	F	Black	PT	$20+
009	3 +	3 +	31-40	F	Black	F T	$40+
010	2 +	2 +	31-40	F	Latino	F T	$40+

Emergent Themes

Based on the information gained from the interviews and field notes, five themes emerged. These five themes were common among the interviewed developmental therapist regardless to the fact that some were full-time practicing therapists and others were part-time. The emerged themes were also common to all participants regardless to their ethnic background, income level and years working within the inner-city home environment as developmental therapists.

Themes that emerged from the data analysis were findings of common words and or phrases among the participants. At least 6 out of the 10 participants had to have similar responses to qualify as a theme. The identified themes were the perspectives of the interviewed developmental therapists based on their experiences with providing services in the inner city. The five identified themes are as follows:

Theme 1: Traffic of non-participating adults and children within the setting

*Theme 2***:** Elements in the actual home, such as the TV, radio, and/ or phone

Theme 3: The actual community that the home is in; safety in traveling to and from location.

Theme 4: Transient families; inability to reach families.

Theme 5: Professional development and training is needed

Theme 1: Traffic of non-participating adults and children within the setting.

All of the participants expressed some concern about unwarranted traffic in homes when providing services. The participants openly talked about the numerous friends, family members

and or neighbors who walk in and out of the homes freely. DT-1 expressed how the non-participating adults in the environment were overwhelming and was very distracting, as it caused the children and the mothers to get off task.

Some participants expressed that because they did not actually know whom the people were that was moving throughout the home was intimidating. DT-3 stated ―I don‘t‘ know who these people are and they are moving around and I am thinking to myself what is going on?"

Theme 2: Elements in the actual home (TV, radio and or phone)

All of the DTs talked about distracting elements within the home, such the television or radio being on and very loud during the therapy session. The telephone was also identified as a distraction because the primary caregivers or family members would leave the room and not return or would talk on the phone during the session. One DT expressed this problem with the following comments: ―How can you work effectively with a child when the television is on?" ―I mean Jerry Springer has the adult‘s attention and therapy is supposed to be family centered." ―They are not focused on what we are doing."

Another element noted in the home environment was the other children and or siblings in the family who could be a hindrance to providing services. DT-3 explained that ―the child who is actually being serviced could be ignored when other siblings engage and take over and try to perform the tasks that are being offered and modeled." The focus leaves the child receiving EI services and goes to other child in the home.

Theme 3: Community and safety when traveling to and from

All therapists interviewed were females and safety when traveling was identified as a

major concern. Arriving and departing safely was a theme that all interview participants echoed. All participants wanted to make sure that they were able to get in and out of neighborhoods as safely as possible, especially in neighborhoods and areas where recent crime activity had taken place as well as, in neighborhoods that have a reputation for having high rates of crime, drugs, and or violence.

Some therapists felt that the time of day and time of year further elevated their personal safety. Some therapists noted that some neighborhoods were more difficult to get into and out of at the first of the month than at other times of the month. Also, the winter season is more difficult because it gets dark early. DT-4 stated that she ―wouldn‘t do any services after a specific time of day due to the difficulty in getting in and out.” Another DT stated that she was ―in by 9:00a.m. and out before 3:00 p.m.” This was to avoid being in specific neighborhoods after a certain time.

Theme 4: Transient families and difficult to contact families.

7 of the 10 therapists supported this theme. Many of the interviewed participants felt as if the difficulty in contacting families to meet for therapy was quite challenging. DT-1 stated that families never keep their phones connected so you cannot even call to make sure that they are home before you drive over to them. DT-5 stated that whenever she called some families they never answer their phones. ―It is as if they really don‘t want to be bothered.”

You do not want to feel as if you are a burden to the families by constantly calling and calling, as they do not answer. Another therapist indicated that she sends out letters and they do not respond to those either.

DT-1 indicated that she has several families that move so much that it is difficult to keep

up with their addresses which further complicate the situation; thus preventing you from providing services.

Theme 5: More professional development and or training is needed for cultural awareness

Out of the 10 interviewed participants, all of them indicated that they needed more professional development and or training on working with families and cultural issues. The majority of developmental therapists indicated that they felt as if they were successful in providing services. However, they expressed that they could possibly do a better job had they received training on providing services within natural environments and on the dynamics of working with different cultures and families.

All participants stated that they were not prepared by educational training to provide services within a variety of settings educationally but that life experiences and learning as they went along as therapist has helped tremendously.

Addressing the research questions

This section addresses the research questions for this study. The first question was:

1. What are the features and characteristics of the inner-city home environment that can influence service delivery from a developmental therapist's viewpoint?

Subquestions for Research Question 1 included the following:

1. Are there specific times of the day or month that things present themselves more in the inner-city environment?
2. How often do these characteristics and or features arise when working in this setting type?

According to participants there are specific elements that relate directly to the inside of the inner-city home that influences service delivery. Interviewees indicated that traffic inside of the home from adults, children and other visitors was distracting at times and difficult to compete with while providing services.

Another element in the inside of the inner-city home environment that was identified was specific items such as the television, radio and telephone. Television concerns were uniform among therapists. Many families will leave the TV on during therapy and this causes the mother as well as the children to disengage from the actual therapy session.

There were also elements of the inner-city environment that DTs revealed during the interviews. Therapists indicated that traveling to and from high crime, drug infested, and high gang activity neighborhoods in the inner city were a characteristic of this setting.

Another identified feature of the inner-city environment that was common among participants was transient families. Families who are described as unreachable by telephone and those who relocate from place to place are influences from the DTs' perspective.

There was mention of specific times of the year that the identified characteristics in the themes were more prevalent. Some of the developmental therapists commented that in the summertime and in seasons of non-inclement weather, traffic within the homes is higher. In addition, holiday seasons like Christmas and Thanksgiving were identified as times with high traffic from people continually going in and out of the homes. It was also noted that families take vacations and are not accessible during the holiday seasons as well thus preventing services from taking place.

According to the interviewed participants, these elements arise all the time and will vary from family to family and from community to community as it relates to the frequency of how often this happens. One DT indicated, ―Each family has their own unique set of cultural norms and values.‖ ―Some families don‘t let things bother them and very little will stop them from making sure that their child receives services, whereas some families let the smallest thing interrupt services.‖

2. In what ways do these features or characteristics influence or facilitate service delivery from the developmental therapist‘s perspective?

Subquestions for Research Question 2 included the following:

1. Describe your feelings about what you believe influences your services in this setting.
2. What led or contributed to your services being influenced in this setting?
3. Are the described features in your opinion things that just influence, hinder and or facilitate your service delivery?

Therapists identified adults and children in the environment, the TV, radio, and the telephone, all as influences on service delivery. All DTs indicated that they are negative influences on service delivery. The participants agreed that it is difficult to focus on providing services when there are several people walking by, talking, and engaging in other activities while therapy sessions take place. According to Lewian Field Theory, the environment definitely influences the way that a person behaves and or their actions (Lewin, 1951).

Interviewed participants identified the characteristics of the inner-city environment such as

neighborhood safety and crime as things that contribute negatively to their service delivery. The identified characteristics makes the DT's feel on edge as they are concerned about coming in and out of the inner-city home environments as women. DTs further indicated that they did not feel safe and their issues of safety and concern are still in their thoughts the entire time they are providing services.

The described features of the inner-city home environment by DTs cause's feelings of not being safe and this is definitely a hindrance to providing services. In addition, families who cannot be reached to provide services are also hindrances, as you cannot provide services to the children and their families if they are not home and are not reachable.

3. What support, training, and/ or preparation is needed for developmental therapists to provide services within the inner-city home environment?

   Subquestions for Research Question 3 included the following:

   1. Do you feel that you were prepared educationally or through training for these types of settings and or environments?
   2. (If so or not) What made you prepared or what made you feel that you were not prepared?
   3. Do you feel that you need more training, support and or preparation now to assist you in providing services in this setting?

All interviewed participants agreed that DTs needed more training in the areas of cultural awareness and family dynamics. All interviewed participant's felt as if their training and education in order to become DTs was not effective in their preparation to work in a variety of settings including the inner-city home environment. Rather their life experiences are the things

that have prepared them to work with children and families in inner-city home environments. In addition, all therapists felt that they needed more support to ensure adequate preparedness to handle situations that arise in this environment.

Analysis of Data in relationship to Field Theory

In the discussion of Field Theory, as it applies to providing therapy, the environment is shown to be a factor in influencing behavior. As it includes all forces, positive and negative, which affect a particular situation (Lewin, 1936). Inner-city home environments are indanated with crime, pollution, housing, lack of open space, social problems and economic problems (GeoBytes, 2007). If therapist are not properly trained, educated and supported in working within these elements it is possible that these forces affect their service delivery.

According to Lewin's field theory, we live in a pyschological reality or life space (Lewin, 1951). Life space is the total psychological environment in which the person experiences subjectively, although not necessarily consciously. The behavior that will be displayed by the DT during a therapy session depends on what is going on at that exact moment in that particular therapist life space (Lewin, 1952). Life space includes:

> Lewin (1952) posited:
> The whole psychological field, or ‗life space', within which people acted, had to be viewed, in order to understand behavior. Within this individuals and groups could be seen in topological terms (using map-like representations). Individuals participate in a series of life spaces (such as the family, work, school and church), and these were constructed under the influence of various force vectors (p.240).

Field Theory revealed how the environment influences the behavior of each individual therapist. The founder of Field Theory wanted to understand the way that humans behaved and believed that this was determined by the totality of an individual's situation. This means that

reviewing the each participant experiences revealed how they worked through the environment to provide services. The data indicated that providers relied upon their life experiences to help them in providing services. In addition, they created coping mechanisms to overcome characteristics within this setting. For example, assuring that they are done providing services by a specific time and calling ahead of time to make sure that families are home to receive services. Having the ability to perceive and appreciate the experiences of DTs and what they do in providing services in this setting enlightens the understanding of involved stakeholders. Thus, resulting in the ability to initiate change, as training and support is needed for service providers so they can be successful in providing services in this setting.

Evidence of Quality

Evidence of quality for this research project included a variety of measures. First member checks were conducted. This process allowed all participants to review the transcription of their interview for accuracy. Each participant was able to return their transcripts with any changes or questions about what was written (Appendix H). I made changes as requested by the participants.

I further established quality by the use of the audio recorder and comparing the recordings to the transcripts. I used open-ended questions and kept field notes to ensure that participant's ideas were fully expressed. I also compared the experiences of the participants to those identified in research to see if there were logical connections. Another precaution for quality was the use of an expert panel in the reviewing and support of the research questions that were developed for this study (Appendix F). As a final measure for quality, I used open coding.

Summary of Results

The results of this study demonstrated that there are common experiences and perceptions about the inner-city home environment that are shared by therapist. The study revealed five common themes from the interviewed participants. The first theme indicated that traffic of non-participating people both adults and children alike are influential to service delivery and is considered a barrier to providing services. The television, telephone, radio and non-participants voices were identified in the second theme as specific elements from the home environment that are distracters to service delivery. In the third theme safety traveling to and from the different neighborhoods can be influential upon service delivery as therapists are concerned about potential dangers. The fourth theme was difficulty in therapists ability to contact and service transient families. Finally, the fifth and final theme identified the need for professional development and training on cultural awareness is needed for providers.

Identifying the commonality of the themes helped to determine what things actually facilitated and or hindered service delivery in the inner-city home environment. These themes further helped with reaching the goal of this project study in designing a professional development model to help and support therapist in this setting. Understanding what influences service delivery is beneficial and can help develop trainings, workshops and or educational courses that will help to cultivate and foster diversity in providing services.

In addition, this information adds to the body of knowledge on natural environments like the inner city as a service location. Currently, there is limited research available regarding DTs actual perceptions of natural environments and working within them. More research needs to be

conducted on providing services from the therapist's viewpoint, as well as the families who are serviced by providers.

Revealing the perceptions of DTs about providing services in this environment will help administrators of Early Intervention services, other practicing providers, trainers, and college preparation programs identify things that need to be included to help create newly prepared professionals who are prepared to provide services in all types of natural environments. Highly qualified prepared professionals who can work in a variety of settings will help to continue to meet the mission of Early Intervention, which means improving developmental gains for the children receiving services.

Conclusion

This section begins with a detailed review of the identified methodology for this project study, which is a case study. The relevance of the identified method, participant selection, and the data analysis is also discussed. The research questions that guided this study sought out information: (a) characteristics of the inner-city home environment that DTs feel influence their services such as adult and child traffic in the homes and media devices like the telephone and radio; (b) how the identified characteristics negatively influence their services; and (c) evidence that more training and support is needed and desired by practicing DTs to increase successful service delivery in the inner-city home environment. This information then provided for the development of the professional study teams or learning communities for inner-city DTs. Professional development researched conducted Garcia (2005) suggested that the development of professional study teams is an effective ideal for support, training and educational preparation for

DTs. The terms study teams and learning communities are used interchangeably throughout the remaining sections. The goals of professional learning communities for this project study are discussed further in section 3.

SECTION 3: THE PROJECT

Introduction

This project study focused on the development and implementation of a professional development model that provides continuous, ongoing support and training for DTs. It aims to provide a system that offers support, training and collaboration for therapists who work within the inner-city home environments and or other natural environment settings to develop relevant professional development opportunities to strengthen successfully service delivery. Many DTs work alone, but are required to participate in ongoing professional development activities, which involve contact from other professionals: there is a crucial need for meaningful opportunities that include support and training. The state of Illinois currently has an ongoing professional development strategy for therapists to connect with other credentialed therapists once a month for success in the field (Provider Connections, 2004). Therapists are to meet monthly with another credentialed peer as well as attend conferences for continuing education units within the four core knowledge areas. However, there is no specified or structured support built into these current methods.

It is imperative that professionals in early intervention seek opportunities to stay informed and utilize best practices. This project study aimed to provide a way to support providers who work in inner-city home environments as well as implement professional learning communities at the ongoing professional development model. The responses obtained from the participant interviews strongly suggested this model of professional development. The data obtained were instrumental in the recommendation of professional learning communities; as it provides ongoing support and training; a necessity for providing services within the inner-city.

This model allows current practitioners to come together on a quarterly basis to collaborate and, find ways to provide developmentally appropriate practices in any environment. It further provides opportunities to establish procedures to ensure their own emotional and safety concerns for working in natural environments like the inner city.

Goals

A credentialed developmental therapist must maintain 30 hours of continuing professional education during a three-year period as well as a signed agreement consenting to participate in continuing professional development activities that require documented evidence of monthly ongoing professional development activities with other credentialed colleagues (Provider Connections, 2007). As previously mentioned, the description of the required ongoing professional development needs for therapists addresses the overall goals for this project study. This project study will provide a professional development model based on the identified needs of credentialed therapists utilizing the study team model also known as professional learning teams and/or communities (PLC). The PLC design plans to meet the training needs of providers by creating a continuous and ongoing system. This will allow therapists to meet the required professional development training in a meaningful process that includes support for providers who work in the inner city.

Rationale

DTs are operating under the required guidelines of providing services in natural environments. Service providers are being held to remain in compliance with this standard as it has been proven through research that this is the most appropriate environment to provide

services (Bruder, 2000a; Campbell & Halbert, 2002; Keilty, 2001; Moes & Frea, 2002). When providers do not adhere to this regulation, they must provide documentation that clearly outlines why the natural environment for the child is not the optimal place to provide therapy (20 U.S.C. § 1436(d) (5)). With the demand for services in the natural environment, therapists need to find ways to effectively deliver services in all possible settings.

Research conducted by Bruder and Dunst (2005) on preparation and training for early intervention personnel indicated that ―practitioners may not be prepared to meet the service delivery requirements of Part C or implement recommended practices in the field"(p. 31). Since it is possible that professionals are neither adequately trained, nor educated regarding servicing in the natural environments; it is urgent that service providers receive assistance in this area. One way to provide this vital support is through professional development.

Professional learning teams or PLCs were identified as the model to meet the needs of therapists in this project study. I believe that this is the most meaningful way for independent DTs to assemble as professionals, like other educators such as teachers While the current professional development plan has several purposes, most of it is for meeting re-credentialing requirements. This causes the main reason for professional development to be abandoned. Professional development should be meaningful and meet the needs of the professionals practicing in the field (Hill, 2009).

Evidence from the Literature

Introduction

This literature review provided a background and overview of the issues on the need for

professional development in early intervention, followed by a discussion of PLC's, and an examination of the benefits and characteristics of the professional learning team model. An examination of the barriers to implementing PLC's is also discussed. A summary of the research and salient findings conclude the section.

The literature reviewed for this study consisted of searches related to the subject and conducted through the EBSCO database, Academic Premier, Educational Resource Information Center (ERIC) databases and EdResearch Online. This literature review also utilized resources from local early intervention reports and online resources from the Southeast Educational Development Laboratory (sedl.org). This review used the key terms: *professional development models, professional learning teams,* and *study teams.*

Need for Professional Development

Background and Overview

According to Thurman (1997) the primary reason for early intervention and developmental therapy is to meet the needs of developmentally delayed and at-risk children and their families. The fact remains that in order to meet these needs; practitioners must be adequately trained, prepared and supported in this task (Bailey, 1990). In response to the training needs of early intervention personnel, each of the 50 states in collaboration with the State Interagency Coordinating Councils organize and track professional development for service providers (IDHS,2006). The dilemma with this scheme is that each state is able to implement the plan as it deems appropriate. This in turn makes identification and administration of professional development initiatives unnecessarily tedious.

Dealing with federal requirements and provision of services to children in natural environments exacerbate the challenges that states experience to meet the professional development and tracking needs of service providers. This influences service providers like developmental therapists as will change their normal strategies and take on ―recommended practices" that are research-based (Fey & Johnson, 1998). Campbell and Hart (2002) asserted that what further complicates the request made to providers by local and federal entities is the paucity of research on the actual application of the required changes into practice.

Another issue surrounding professional development of service providers is the personal attitudes and beliefs of practitioners. The study by McWilliam (1999) indicated that service providers of early intervention will most likely incorporate strategies and practices that align with their personal belief system and decline those that do not. Sheldon and Rush (2001) suggested that practitioner‘s values oftentimes do not reflect those that are considered to be recommended practices causing a discrepancy between actual practice and what is asked of providers by the local and federal levels.

Further impacting states professional development initiatives, are the lack of provider input regarding structure, content and requirements on training needs. The professional development opportunities that are currently available for credentialed early intervention personnel like developmental therapists do not provide a carefully designed sequence of courses to optimize the acquisition of program goals and, objectives and the mastery of identified professional domains. Therapists are free to choose what courses to take and to chart out their program of study and training. Many therapists determine what is the easiest and most

convenient for them with little regard to the content of the training, which results in a fragmented and incoherent training course. It is not a surprise then that many therapists fail to master the knowledge and competency skills that should result in improved outcomes in their professional practice.

According to the North Carolina Institute for Early Childhood Professional Development (2001), "the last two decades have seen increasing interest in learning about the experiences of children in the numerous child care settings" (p.2). As this is the case, it has also brought attention to the education, training and preparation of the adults who are a part of this workforce. Professional development is essential and early childhood professional education and training is peremptory to practicing therapists in providing quality services for children and their families. According to Lock (2006), ―As agents of change in the educational system, teachers (therapists) need to have the necessary knowledge and skill sets to educate all students to meet increased expectations and performance standards and to be credible competitors in a global economy" (p. 663).

Extant literature continues to underscore the necessity of an integrated and responsive instructional and training framework for educational practitioners more so in the 21st century that spawns a wide-ranging set of environments. Today, the need for qualified therapists who want to learn and improve their delivery of therapeutic services to a variety of diverse families and settings is of urgency (Atkinson & Atkinson, 2007). Research (Racicot & Shelley-Sireci, 1998; and Campbell & Halbert, 2002) suggested that training is a major concern in preparing qualified professionals to provide services in a variety of settings. According to Hanson (1990), "service

providers receive minimal training to work in natural environments" (p. 53). In this regard, effective early intervention is provided in natural environments. The results from these studies indicate that there is a need for more professional development opportunities for DTs. It also indicates that changes be made to address the way that professional development opportunities are implemented. Participants in the Hanson (1990) study who were all early intervention personnel indicated that they wanted formal training and that it should take place in the form of workshops and peer modeling. The study of Campbell and Hart (2002) that focused on provider perceptions suggested that opportunities for teaming and collaboration were needed in addition to the required face-to-face meetings.

Despite the documented need for changes in the professional development of early intervention professionals, no noted solutions have been offered. Change is needed to make meaningful improvements to this system. Dufour (2004) suggested that being a part of a professional learning community requires change. It is with this premise that professional learning communities are identified as an effective model for ongoing training and support as this project study proposes.

Professional Learning Communities

What exactly is a professional learning community? Professional learning communities is a form of professional development that was derived from many different aspects of professional learning including the business sector with an emphasis on change (DuFour, 2004; Morrissey, 2000; Schmoker, 1996). This approach to professional development focuses on learning rather

than teaching (DuFour, 2004). By placing an emphasis on learning addresses the beliefs that professionals can foster change and improve their therapeutic services in a variety of settings.

According to SERVE (1997), the term professional learning community has many meanings in the educational sector. SERVE is a professional organization that supports efforts towards teaching and learning excellence (www. serve.org). SERVE defined professional learning teams as small groups of teachers or other professionals who meet regularly to collaboratively learn, investigate, develop and implement researched-based practices (SERVE, 2007). Another description of PLCs is given by DuFour, which states, "A professional learning community is a team or a group of teams that work interpedently to achieve a common goal for which members hold themselves mutually accountable" (2006, p. 7). Finally, Astuto (1993) described professional learning communities as follows; –when professionals (like DTs) and those who govern them (early intervention) continuously seek and share learning, they act upon their new knowledge" (p. 1).

Having a full understanding of professional learning communities can help therapists in preparing young infants and toddlers for optimal development. As a result, children and families will reap the benefits that are associated with the outcomes of PLCs, along with the service providers of early intervention.

Research on the Benefits of PLCs

According to Barry (2005), the importance of a professional development model that fosters a culture that assesses teaching and learning –in a systemic, strategic way, with the support and feedback of trusted colleagues" is the core of a professional learning community.

This must be in place to meet the needs of children and improve developmental delays or reduce the negative impacts of risk factors. Unfortunately, many policymakers and administrators have given little attention to the working conditions that allow highly qualified teachers (therapists) to be effective" (Barry, 2005) (p. 290).

What is hopeful in this situation is that, professional learning communities can provide a different yet more powerful and supportive model to assist in preparing developmental therapists in more meaningful ways. According to (DuFour. 2004), PLCs can have a positive impact for improving professional knowledge base. Schmoker‘s (1996) ideas of PLCs is that professionals work in groups, study teaching and learning, borrow and generate ideas for improving practice, put them into action, and study the results..

The literature revealed that the benefits of professional learning communities are numerous and definitely outweigh any barriers to implementation (DuFour, 2004, Hord, 1997). One of the most important benefits that relates to the early intervention and DT, is that PLCs help to eliminate alienation. PLC research shows that there are positive connections between service professional morale and being a part of a community (DuFour, 2004; DuFour, et al., 2004; Marzano, 2003). This will provide support to professionals by decreasing the feeling of working in isolation, as they will have an established support system.

PLCs also offer many other benefits including the opportunity for members to speak and express themselves. All professionals, including its leaders and support personnel, need opportunities to collaborate and work together. Senge (1990) stated that a learning organization is "where people continually expand their capacity to create the results they truly desire where

new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together" (p. 3). Having opportunities to speak freely with other professionals can be informative and could help therapists stay current on important issues. Many therapists do not make the time to meet with other professionals on their own free will. However, structured and meaningful professional development models like PLCs will allow therapists to get together which is necessary.

It is imperative that therapists meet for several reasons including for professional development or re-credentialing (Sherrill, 1999, Katzenmeyer & Moller, 2001). However, the main reasons to meet as professionals it to ensure that children and families are being serviced (Trivette, Dunst & Deal, 1997). This echoes the sentiment of DuFour (2004) who believed that the true meaning of PLCs is learning. Because therapists are currently required to meet monthly with other peers, some may posture that they are already engaged in meetings similar to what is being described here as PLCs. However, professional learning communities are different and have their own characteristics that make them different from other meetings that take place among providers.

Characteristics of PLC's

PLCs have specific attributes that make them a pertinent form of professional development. The review of the literature characterizes this community as having five essential attributes (Hord, 1997) that are the hallmarks of a real PLC. The first attribute is supportive and shared leadership. PLCs must have the approval of its leaders who are sanctioned to nurture its staff development as a community. The second and third attributes, are collective creativity and

shared values and vision. Professionals need to share their ideas as a group with peers and colleagues who have similar experiences and thoughts. The fourth attribute is supportive conditions and the final contributing attribute is shared personal practice. PLCs work in an environment of interpersonal support and interdependent learning and nurturing of experiences and aspirations.

PLCs further offer opportunities for leaders and service providers to interact together and learn from each other. Leaders of the field and the professionals who provide the services need to participate in conversations that allow for freedom of expression. Kleine-Kracht (1993) suggested that leaders and the actual professionals must be learners: "questioning, investigating, and seeking solutions" (p. 393). Administrators and non-practitioners cannot continue to make decisions without the voice and input of its service professionals otherwise, joint planning and implementation would be impossible to achieve. Gallager (1989), who conducted a study on the importance of the preparation of early intervention personnel, warned that there is a danger when non-service professionals unilaterally produce guidelines for specialists. Kleine-Kracht (1993) further reiterates this point and states that it is "no longer a hierarchy of who knows more than someone else, but rather than need for everyone to contribute"(p. 393). It provides opportunities for professionals to share knowledge about research and practice that is vital when working with legal documents like the Individual Family Service Plan (IFSP) and part C of IDEA as the developmental therapist does (2004).

PLCs allow professionals chances to increase their commitment to the early intervention established vision and values. It has the ability to support and strengthen service provider‘s work

ethics (Marzano, 2003). One of the key elements of having a shared vision in early intervention is the focus that is placed on children and the families that are served. It is easier to create an easily maintained support system when the focus is on the children and their families (Thurman, 1997). Hord (1997) who conducted several studies on PLCs stated, "These shared values and vision lead to binding norms of behavior that supports the staff (SEDL, 1997, p. 29). More recently, Hord (2007) further recaptures this viewpoint: —sharing values and vision is more than agreeing with a good idea; it is a particular mental image of what is important to an individual and to an organization" (p. 1).

According to Dufour, "educators, who are building a professional learning community, must work together" (2004, p. 6). Supportive and shared leadership is crucial to effective professional development. With the changes that were implemented through the revisions to IDEA, service providers needed support from it leaders to actually implement these changes effectively. In order for professionals to come together as a community, the leaders, faculty and staff members must be in agreement. The leaders of the organization need to take an active role in nurturing its staff members and their professional development. A study by Sergiovanni on leadership indicated, "The sources of authority for leadership are embedded in shared ideas" (1994b, p. 214), not in the power of position. In essence, the role of the leaders or those who are designated to be in authority must provide its staff members with an environment that is supportive in design and not one that is similar to a dictatorship (Thurman, 1997).

Sharing with other professionals will allow members to learn best practices and create new ideas that can guide and assist providers in the field where application of ideas takes place.

Providers will become more aware of the value in the roles that they play in early intervention and the increasing outcomes for children and their families (Thurman, 1997). Service providers are more informed and have a sense of enlightenment and or renewal, which can be very inspirational to children and families that are being served (Hord, 1997, Hord, 2007, DuFour, 2004). A feeling of gratification can be experienced which can result in changes that are positive. Finally, when presented with systematic changes, being a part of PLCs can help therapists and other service provider's deal with them more effectively (Thruman, 1997; and Gallagher, 1993).

The benefits that are noted within this review can be achieved by utilizing professional learning communities for a significant amount of time. There is documented success on the implementation of PLCs in a variety of schools and other educational organizations (Hord & Sommers, 2008; Schmoker, 2006; DuFour, et al, 2005; Morissey, 2000). Hord and Sommers (2008) reported a strong positive relationship between successful professional learning communities and increased student achievement. The other benefits of PLCs include the harnessing of leadership capacity, institution of sustained professional development, shaping of a positive school culture, and instilling accountability among leaders and teachers. Schmoker (2006) indicated that teaching practice informed by student data gained through disciplined professional collaborations in PLCs make improvements easier to achieve. PLCs could also open the eyes of administrators and teachers to the unhealthy and infertile norms and practices that abound in their organizations so that they could make more informed decisions to solve their problems (Schmoker, 2006). DuFour (2005) also reported that formalizing and instituting collaborative approaches through PLCs have allowed more productive sharing of ideas and resources. While the

benefits of PLCs are clear, there are obstacles that may be encountered when establishing or implementing PLCs. The next section takes a closer look at some of the potential challenges that organizations face when developing PLCs.

Barriers and limitations of PLCs

While the benefits of PLCs are extremely positive, challenges are also faced by many organizations in the establishment of professional learning communities. For example, time was the most common barrier in implementing PLCs (DuFour, 2004; Hord, 1997; Marzano, et al., 2005). It is necessary to plan and develop a schedule that allows providers to meet on a routine basis. The research does not reveal any answers that would indicate how to resolve the challenge that time proposes, but rather place the emphasis on overcoming time by looking at the results of what a PLC can do for positive change (DuFour, 2004).

Another barrier to PLCs is the actual service providers themselves. Willingness of providers to participate fully is another challenge (NCECPD, 2001). PLCs will only work when professionals remove their negative dispositions (talking about other things during meetings and focusing on personal conversations) towards meeting (Katzenmeyer & Moller, 2001). Marzano, (2003) suggested that all members be prepared by establishing rules of conduct and procedures for participant‘s behavior in advance. This is to avoid conflict and to ensure an effective way to handle situations like these if they should occur.

A similar challenge to willingness to participate is changing the mindset of some professionals (Foster, 1998). Many DTs prefer to work alone and do not like group settings and meetings (Campbell & Hilbert, 2002). Allowing this type of thinking to continue among professionals does not help to create

the needed sense of community.

Another key issue to consider in barriers to implementation is the newness of this professional development model (Katzenmeyer & Moller, 2001; and Sergiovanni, 2000). In fact, it is significantly newer in comparison to other professional development models (Woods et al., 1997; Hamilton, 1998; Day, 1999; Loughran, 2003). According to DuFour (2004), "the professional learning community model has now reached a critical juncture, one well known to those who have witnessed the fate of other well-intentioned school reform efforts" (p. 8).

While it may be a newer form of professional development and may be cumbersome to design and implement for the needs of early intervention, this should not be the reason for therapists to fail to try it. It is imperative that careful consideration of the needs of the early intervention system take place in order to avoid failure. The positive benefits are unlimited for a meaningful form of professional development. Leaders, administrators and service providers of Early Intervention will have to work diligently to overcome these obstacles. Overcoming these barriers is the key to implementing the PLCs successfully.

Summary

This literature review provided an overview on the need for professional development as well as background information on PLC‘s, their benefits and barriers to implementation. This review indicated that PLC‘s could provide numerous benefits that can improve the current professional development system in place for developmental therapists. The review further indicated that teamwork, morale and a platform for open communication between providers and leaders in early intervention could be attained through the implementation of PLC‘s.

Creating PLCs requires proper planning and preparation before implementing so that participants can easily acclimate themselves into the model. While advance preparation is needed for establishing PLCs, it was found that specific barriers could affect the creation of this professional development model. Time was indicated as the most common barrier to establishing PLC's. The review further revealed that while PLCs are essential in providing support and help in working with families, it is even more beneficial in creating a sense of community among professionals who want to learn. The concept of professionals coming together to learn is actual essence of professional development. When professionals learn, they become more effective in what they are doing and this benefits the children and families that receive services, regardless of the environment or setting.

The remaining part of this section presents a discussion on the proposed implementation of the project, needed resources, implementation framework and a projected timetable specifying the roles and responsibilities of involved participants.

Implementation of PLCs

The professional learning communities model proposed in this study aims to provide a venue for a group of DTs to meet and collaborate as a team on a regular basis for the purpose of sharing and learning from experiences, analyzing data and information, identifying problems and issues and shaping resolutions, setting mutual goals as well as identifying research thrusts all for the purpose of optimizing learning and development. All these end goals of PLCs are strongly supported by experts in the field (DuFour, 2004; Schmoker, 1996, 2006; Morissey, 2000). The

rationale is that collaborative initiatives instead of individual efforts would bring better results (DuFour, 2004).

The field of DT could very well apply the same principles of PLCs that pertain to educational fields such as mutual collaboration, emotional support, personal growth, and a synergy of efforts. A richer understanding of realities of DT practice through the implementation of PLCs could solve learning difficulties and boost achievement

Based from Schmoker (1996, 2006), the following concerns should be addressed by an effective PLC model:

1. Identification of learning and development needs of children
2. Feedback mechanism to ensure proper assessment of learning and mastery;
3. Corresponding solutions and responses to learning difficulties and problems; and
4. Deepening mastery of knowledge and skills

The proper implementation of PLCs should also observe the five core attributes that have been previously discussed.

Implementation of PLCs

Potential needed resources and existing supports

According to Hord, (1997), to implement PLCs, all stakeholders especially the leaders of the community must conduct an analysis of the structures and programs that are already in place. Extensive evaluation, done in accordance with the five attributes that PLCs are based upon, will help assess what the actual community is already doing in these areas. Then the community can build on its existing strengths. Finally, the leaders need to acquire information from the staff

members to obtain their ideas and viewpoints. This is important for further creating a feeling of a supportive community. This process takes a significant amount of time and varies depending on the different participants (Newman, 1991).

A second strategy needed to implement PLCs is to make sure that the leaders and practicing professionals are working and communicating directly together. The leaders and or administrators need to understand what it is like to be the practicing professional. They need to be able to listen to the needs and address concerns of professionals. Schomoker (1996) also recommends that the members of the team work together and that each participant will have identified roles during the meetings. This helps to ensure that all members are involved in the PLC process creating a collaborative community of learners. Although there is a broad range of literature on PLCs, their processes and their benefits, rigorous research and evaluation studies of PLC models are wanting. The greater part of the framework in implementing the proposed PLC model in this study relies from emerging literature that critically explores PLC as a professional development strategy.

Potential Barriers

While the research indicated that there are numerous benefits to PLCs, it does not provide a solution to all of the problems of early intervention and professional development needs of service providers. Leaders and administrators will need to come together and evaluate what current processes are occurring and find ways to improve upon them. Encountering and establishing PLCs with an open mind and a willingness of participation is imperative. It is the possibilities that PLCs offer in forming an effective model for professional development that

makes it so appealing to meeting the goals of this project study

Proposal for Implementation/Time Table

To actually initiate PLCs, the researcher proposes to conduct an extensive analysis on the current professional development requirements and a survey of the professionals who are working in the field for input. Once complete, the next step would be for leaders and professionals to develop the desperately needed support for the PLCs.

Realistically, with monetary restraints due to the current economic crunch and limited time to actually implement this model and/or hire a staff to implement this process on a statewide level could take one to two or more years; making it closer to the year 2012 to achieve completion. According to Morrissey (2002), ―it takes significant alteration of both structural and normative aspects and schooling" to implement PLCs (p. 34). The researcher has actually included a model or prototype of what this model would look like if implemented (Appendix A).

The model requires that therapists meet quarterly over the course of a year as a professional learning community. Therapist will still need to meet with other credentialed professionals for the remaining eight months of the calendar year. The quarterly PLC meetings will be comprised service providers in the same geographic service area. This helps to ensure that providers understand and could relate to the experiences of that area. The meetings will have established procedures and guidelines that are provided to all participants during enrollment and re-credentialing so that each credentialed therapist will be aware of the new model of professional development (Appendix G).

Roles and responsibilities

Leaders and administrators, practicing professionals and staff all have a vital role in PLCs, as all members are active participants of the community (Hord, 1997). All participants will have to work collaboratively to implement PLCs successfully. In the beginning, there may even be a need for a co-developer or facilitator who is outside of the actual community who would come in to help establish the foundation for the PLCs (Morrissey, 2000).

If co-developer or facilitator is needed their role would be to work with both the therapists and the administrators of early intervention. The facilitators would look at what the therapists do as well as the way that things are currently operating. They would help flesh out the roles and responsibilities of each member. They would help to initiate change and offer processes and issues of concern. The facilitators would serve as agents of change as they would work to keep both the administrators focused and keep staff motivated on their commitment of the organization (Morrissey, 2000).

The leader‘s and administrator‘s role is to nurture the development of PLCs (Morrissey, 2000) by ensuring that all elements to implement PLCs are in place, and that they support the learning that takes place within PLCs. Leaders and administrators must actually participate in the PLCs and work with the actual community members. They need to be there to implement their ideas and listen to the ideas of the actual service providers. This collaborative process must be on a regular basis in order for PLCs to be effective.

The actual service providers will need to be open to change and put forth effort to participate in PLCs. Trust, respect and support for themselves and their colleagues are also

essential to their roles (Hord, 1997). All stakeholders including administrators and service providers must be committed and held accountable for their roles and actions within the community (Hord, 1997, Morrissey, 2000).

Project Evaluation

The researcher will use a formative evaluation to review the effectiveness of the proposed PLC model. The assessment and evaluation procedures will be built into the actual process. Evaluation of the PLCs model will occur continually. At the end of each quarterly meeting, professionals will complete a survey and evaluation that asks for meaningful input on what has transpired. They will be asked about the relevance of the meetings, application of strategies, support, and topics for future discussion. Each community must include an agenda and topic sheet that includes all of the information that was discussed during the meeting. Each of the members must sign off on their participation and include their credential number. As this is a required meeting, providers will need to make plans to attend a different community meeting if they are not able to attend the one for their service area.

By completing this information, it will allow the leaders and administrators to have data that reveals the discussion. They can also check trends and patterns by region area and provide trainings based on what is on the agenda from participants rather than soliciting proposals for conferences. These topics can then help drive the agenda for workshops, conferences and trainings. This places ownership of both the service providers and leadership from EI. Both parties are responsible for contributing information that helps in the evaluation of PLCs and its effectiveness.

In order to evaluate this project further, the researcher used specific criteria to ensure its effectiveness. Leedy and Ormrod (2005) suggested the following criteria for evaluating qualitative research:

1. Purposefulness - Does the project study address the research questions?
2. Explicitness of assumptions and biases - Did the researcher communicate and identify all information that influences the project study?
3. Rigor - Did the researcher used rigor in collecting methods and data analysis?
4. Open-mindedness - Did the researcher shows willingness to acquire new data?
5. Completeness - Did researcher depict the object of the study in its complexity?
6. Coherence - Did the data yield consistent findings?
7. Persuasiveness - Did researcher present logical arguments?
8. Consensus – Did the researcher allow participants to review findings?
9. Usefulness-Does the project study yield conclusions that better understand the phenomenon and/ or experience. (p. 154)

The researcher answered the above questions through a self-reflective process. This critical thinking process yielding the following answers about the project study:

Question 1: The project study addresses the research question as developing professional learning communities will be effective in providing the support and training that developmental therapists need to work within inner-city environments and as this setting has potentially negative elements within it that can influence service delivery.

Question 2: The researcher put into consideration the biases and assumptions of the project study. The researcher also indicated personal biases and roles as they are related to this study. The researcher also listed all the barriers to PLCs including factors that can hinder implementation.

Question 3: The researcher employed rigor throughout the entire study by following timelines and procedures to remain objective in reporting and interpreting data and results.

Question 4: The researcher conducted member checks and there were not any conflicts within the data.

Question 5: Case study sample sizes are normally small, and obtaining 10 participants was very difficult. This was due to the current economic situation in the region where the IDTA organization is located. Many therapists have had to stop practicing temporarily, as the state has not been able to pay providers in a timely manner. By conducting in-depth interviews, the researcher was able to give a full picture of what happens in the inner-city home environment from a therapist point of view.

Question 6: The emerging themes discovered during the interview process as well as the interview process provided coherence and cohesion of ideas, themes and patterns for this project study.

Question 7: The researcher presented a solid argument for the effectiveness of PLCs as a form of professional development and the theoretical framework for the study furthered supported the need for a supportive and meaningful model. In addition, the data collected from the interviews also show that there are features and characteristics of the inner-city home environment that influence service delivery.

Question 8: The researcher conducted two literature reviews that indicate that there is a need for professional development on natural environments and that experience and environmental settings influence humans. Different disciplines such as psychology, sociology, and science, provided anchored some of the research.

Question 9: The project study is useful as it offers a better understanding of what DTs

who work in the inner-city experience. The researcher further implicated suggestions for social change and future areas of research.

A careful review of the questions presented by Leedy and Ormord (2005) produced these ideas : (a) The researcher wanted to know what things from the inner-city home environment influence service delivery; (b) This led to the actual generation of the research questions and theoretical framework of Kurt Lewin; (c) The responses taken from the interviews are what guided the design for a professional development model; (d) The researcher then felt that professional learning communities were an affective form of professional development for therapists; (e) This further inspired the researcher to look at the development and implementation of PLCs.; (f) The researcher designed a projected model of PLCs; and (g) The researcher will also present this model at conferences and journals to help establish dialogue and engender potential social change.

The main goal of the project study was to create a professional development model that would help DTs address elements of the inner-city home environment while providing services. By the end of this study, the researcher would have completed a thorough reflective analysis of this project and has gained valuable research skills such as observing, listening and analyzing.

Implications for Social Change

Providing services within natural environments is an essential part of IDEA. While this is essential for the children and families who receive services, it is also important that professionals who provide these services are properly trained and supported to execute state and federal regulations.

This project study implicates positive social change in a variety of ways. First, it adds to the body of scholarly research related to early intervention, DTs and providing services in the inner-city environment or natural environments. It also lays a foundation for the implementation of a form of professional development that can improve services and training for developmental therapists. Furthermore, it provides support and communication to a group of professionals who normally work alone. These identified changes can provide additional positive elements by encouraging colleges and universities to include courses that help pre-service therapists in dealing with social and dynamic issues of working in environments. It can help establish procedures and protocols for working within inner-city environments to address safety concerns. Finally, it will help in providing optimal services for young children and their families that aid in their growth and development.

Local Implications

Starting at the local level, which is the state, would be the most effective way to start implementing PLCs. In order to facilitate professional learning communities at the local level, it is vital that it begins with taking a closer look at what is currently in place for the professional development needs of therapists. Whether full implementation of PLCs are completed or not, this must be done. The true purpose of professional development has been abandoned and needs to be reestablished. PLCs would initiate this necessary review as it allows leaders to look at the current situation of DTs and identify current needs to jumpstart PLCs. This would also help with the communication of the two primary members of PLCs - the administrators of Early Intervention and the actual service providers. No matter what version of PLCs is adopted, DTs need support

from the administration while working in different environmental settings.

Far-Reaching Implications

According to research on the preparation and training of early intervention personnel, many therapists are not trained to work in natural environments (Gallagher & Staples, 1990; Hebbler, 1994; and Meisels, et al., 1998). This research can help guide administrators and legislators at the federal level on what should be included in the training and development agenda for new professionals. It could lead to the creation of a mandatory requirement for all Early Intervention personnel in working with a human dynamics and cultural diversity to help therapists deal more effectively with families and a variety of settings.

While this project was designed to meet the professional needs of DTs, it can also be used as a template for other states, federal agencies as well as colleges and universities to plan coursework for service providers that include more extensive learning on natural environments. In addition, it can help change the way that professional development is viewed in EI. Instead of focusing on what is needed to stay credentialed, the focus could be more meaningfully placed on learning and action-based research.

Summary

Providing services in the inner-city home environment can be difficult for service providers if they are not adequately prepared to do so. This proposed project study, if implemented, can be an influential source to provide the necessary needed support and training for therapists. In section 4, a further review of the projects strengths and limitations as well as recommendations and reflections of the researcher are presented.

SECTION 4:

REFLECTIONS AND CONCLUSIONS

Introduction

This section consists of a review of the scholarship and self-reflection that was obtained by the researcher in undertaking this study. The research experience convinced the researcher that a model of professional development based on the style of professional learning communities is an effective way to provide ongoing support and training for providers. DTs who were interviewed for this study reported that they all could benefit from a more supportive and meaningful form of professional development. The need for a stronger form of professional development was also supported from the themes that emerged from the analysis of the data.

Self-reflection is a critical skill that is needed among teacher leaders. According to Shcon (1987) reflective practitioners, ―work from principles and guide their own practice" which is what the researcher of this study employed. The doctoral process study at Walden University is about a teacher as a researcher and as a leader. The reflective process that the researcher has experienced is examined in this section.

This section will also discuss the results of the interviews as well as the strengths and limitations of professional learning communities as a form of professional development for DTs. Recommendations, and implications for social change will be reviewed.

Project Strengths and Limitations

As with all research, there are strengths and limitations. The strength of this project study is its potential to effectively respond to the training needs of therapists and address the

challenges and issues that beset them in a variety of work settings. The conceptual development of the research questions that guided this study showed that developmental therapists are not trained for work in inner-city home environments from an educational perspective and there is a need for more training specifically in addressing the IDEA requirement on providing services in natural environments. Professional learning communities can offer this training and support.

Another strength of this study was that it allowed for an in-depth view of DTs' perceptions of the inner-city home environment. Understanding and knowing what things in this setting that hinders service delivery can better prepare professionals to work in this setting and equip them with knowledge and skills to confront problems and difficulties of intervention practice.

Additional strengths of this project study consists of its potential contribution to further development college and university pre-service courses for those who want to become early intervention personnel. Once PLCs are implemented, it has the ability to provide service providers a place to network and communicate with others, which is essential in professional leadership and commitment. Finally, this form of professional development is continuous and ongoing and it is built on what is currently in place, which means that the potential for change among therapists in the area of professional development spells greater and more promising possibilities.

This study is limited by constraints of time and resources. Limitations of this study include the small sample size and limited scope, i.e., only one discipline of EI personnel was covered. The study only covered the perceptions of developmental therapist but did not include

other service providers in the field of Early Intervention. These limitations affect the generalizability of the data gathered such that it will be difficult to persuade state and local officials to accept the findings and undertake concomitant policies and actions in the field of developmental therapy and practice. Another weakness of the study is the period of implementation. The PLC start up phase could last up to a year or more due to the extensive, time-involved work that needs to be completed before actual implementation. The protracted period unnecessarily allows the introduction of confounding factors that could taint or alter data gathered for implementing PLCs. It also means that the desired changes and anticipated improvements in professional development and meeting therapist needs will be delayed. This impediment suspends the vital support and training that some therapists need while providing services in a variety of settings that they are unaccustomed to.

Recommendations

To come up with a more comprehensive perspective that includes a wider scope of participants and coverage, the researcher recommends that another study be undertaken to include all early intervention personnel including service coordinators as well. In addition, the researcher feels that the viewpoints of families who are receiving services need to be taken into consideration and integrated in the formula for designing a PLC framework. It is also the researcher‘s beliefs that the views of all participants of EI be heard. Analyzing the perceptions of other EI participants will provide an opportunity for future research see if problems and issues relating to service delivery are exclusive to only DT‘s or apply to all providers. It would also be more enriching to engage in participant observation to get a good glimpse of the PLC process as

it unfolds and to triangulate the data provided by the interviews.

The researcher also recommends that future efforts should consider a shorter and more manageable time span for project implementation by rationalizing or modifying the stages of the PLC implementation and evaluation process. A reasonable timeframe would address confounding problems and expedite the attainment of the benefits of PLCs and the fruits of a potentially transformative education.

Analysis

Scholarship

The researcher has learned tremendously from this process and it has contributed to her professional development as a teacher and as a leader. This has been a constant and ever-evolving learning process on so many different levels for the researcher. As a scholar, the researcher drew knowledge, educational abilities and skills that she originally thought were beyond her own comprehension. The researcher found the old saying ―nothing beats a failure but a try” (Unknown) to be completely true. The researcher also found a renewed diligence and sense of commitment to learning and also the inspiration that a dedicated teacher never stops their quest to acquire knowledge.

Going through the data collection and analysis phase of the research was the most engaging part of the actual research process. It was monumental for the researcher to go from an inquiry in her mind to the actual manifestation of results. Her experience as a DT proved useful in conducting interviews and in sifting through information and answers to identify themes and to develop meaning.

Project development and evaluation

This scholarly project attempted to provide a more meaningful form of professional development for inner-city therapists. The researcher learned the importance of listening and understanding what participants said and expressed in non-verbal ways considering that listening and sharing was the driving force in creating PLCs most suitable for DTs.

With the researcher‘s current knowledge about professional development in Early Intervention, she felt it was best to focus on a project study that would bring real positive results rather than engaging in one-time workshops or training. In analyzing the therapists‘ experience personally, locally and institutionally, the researcher explored their practices and struggles and come up with a PLC model to harness best practices for service providers.

Leadership and Change

This entire process involved change. Each step in the PLCs implementation requires that all parties involved undergo such process of change. The leaders of Early Intervention would have to become a supportive source for providers rather than serving in their current role as commanders. This will help them in listening to providers to that are creating that supportive environment to nurture professional learning communities (Hord, 1997). Service providers must undergo change as it relates to their openness and mindset to participate in PLCs as well. Being open to change refers to all stakeholders‘ ability to support, help, assist, and nurture...encourage, persuade, or push people to change, to adopt an innovation and use it in their daily work" (Hord, et al., 2006, p. 3).

The implementation of PLCs requires transformative change in the agenda and schedule of

learning institutions. The lines of power and decision-making are shifted from the traditional authorities to a common or mutual venue through the collaborative approaches of PLCs. However, the locus of leadership is neither entirely saturated nor displaces, but it just changes in focus and in manner of exercise. As DuFour (2005) explicates,―If schools are to be transformed into professional learning communities, the educators within them will be required to change many things—including themselves" (p. 26).

Self-Reflections

As a Practitioner

As a practitioner, I saw my role as to be an agent of change in ways that are more meaningful. As an effective teacher and developmental therapist, I realized the significance of being able to reflect on and analyze a situation and to adapt to such situations by exploring teaching models and strategies best for the child and family. As Wright, Horn, and Sanders (1997) exhort practitioners, the teacher or therapist in any situation is the most important factor in children‘s learning experiences. An effective teacher is an agent of change as they must be willing and ready to put new things into place for the advancement of learners and their families.

At the heart of my scholarly journey, I discovered a web of meaning that clarified my role as a therapist in shaping futures of clients and also dissolved some confusion regarding her practice. In many ways, collaborating with the study participants unearthed deep convictions, sympathy and images of a community working together towards a desired end.

As a Project Developer

The experience and drive of the researcher to explore the experiences of other practicing therapists played a significant role in this research. As I am a current practicing developmental

therapist, this study provided an relevant educational opportunity to not only enhance my own knowledge but also to respond to that overarching need to offer service providers a similar opportunity to make sense of their own experience and to work collaboratively for a development model that best suits their unique needs.

The concept and design of this research study was based on the studies and coursework undertaken as a doctoral student at Walden University. Doctoral students in the program are encouraged to investigate and read about effective ways to lead as teachers and practitioners. Knowledgebase clearly suggested the positive benefits that PLCs had on schools and teachers. Although, DTs are not schoolteachers they are usually trained and have the same educational background and experiences as teachers thus they could also benefit from PLCs. The researcher felt that PLCs would be an effective form of professional development because it is supportive and continuous.

In the course of project development, I learned that for the purpose of gaining useful information, a developer should treat participants not as mere objects but as genuine persons whose welfare is at stake. One has to efface individuality and rigidness of reason to draw the interviewees to freedom of expression and reasoning. In the end, the communicative interactions between interviewer and interviewee facilitated the discernment of topics and issues relevant to project development.

Overall Reflection

This research has confirmed previous beliefs about the role and importance of early intervention for young, at-risk children and the personnel that work with them. Since entering the

educational field, I have always been fascinated with the way that young infants and toddlers interact with their environment. This research has given me valuable insights regarding the most effective ways to help young children learn within developmental therapy.

One of the most beneficial research lessons is the realization of how important a young child‘s environment is. Young children do not have control over their environment, so it is up to the adults to provide safe, supportive, and productive environments for children. The adults and caregivers need to provide an environment that is filled with activities that allow children to use their perceptual modalities. This helps to stimulate the child and increase their learning capacities.

The effectiveness of developmental therapy was also confirmed through this research. The majority of the research indicated that there were positive benefits from receiving developmental therapy. Young at-risk children are capable of making cognitive gains from therapeutic services. Developmental services also help to pull the family together as it is done in conjunction with the family.

Finally, the most important thing gained from this research is the opportunity to help create change in the researcher‘s field of early childhood education. To be an effective agent of change, the researcher realized that she must be willing to inform others of the benefits of developmental therapy and of the need for more effective professional development models that offer support. Young children need to begin with the best possible start that early childhood professionals, family members, and other adults can give them. The realization that I may be able to help children receive valuable services that can aid them during the foundational years of

their life serves as a constant font of inspiration for professional advancement and excellence.

Conclusion and Summary

The need for an effective professional development system for DTs is crucial. This system should be meaningful and based on the needs and issues that confront current practicing professionals. This professional development system needs to be assiduous so that it could continually address the challenges and concerns of work settings and conditions like the inner-city home environments. Developmental initiatives to enhance the provision of services in childcare programs should be less cumbersome to ensure full participation and willingness of DTs.

Professional development opportunities and requirements should be relatively easy for therapists to understand. This will assist them in learning their responsibilities as credentialed therapists so that they can actively participate in all efforts for training and development. In addition, the training and support should be feasible so that therapists can retrieve the learned information and put it into practice in their current caseload. Because therapists are very busy with full schedules, it is imperative that professional development be less burdensome or demanding of their time so that they can easily fit training activities into their routine. When a professional development activity requires a physical presence from the therapists, it will need to be close and convenient to the service areas of providers. Finally, professional developments costs need to remain at reasonable levels so not to deter participation. This study provided a framework for establishing professional learning communities. It also provided information on the benefits of and barriers to this model. If this model is put in place, it can lead to a more

effective professional development program for early intervention personnel. The researcher ardently hopes that the results of this research would bolster the overarching efforts in institutional and statewide venues to improve the field of developmental therapy and would also enrich the discursive content on the principles of PLCs.

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APPENDIX A: RESEARCH QUESTIONS

Research Questions

Research Question 1

What are the features and characteristics of the inner-city home environment that can influence service delivery from a developmental therapist‘s viewpoint?

a. Are there specific times of the day or month that things present themselves more in the inner-city environment?

b. How often do these characteristics and or features arise when working in this setting type?

Research Question 2

In what ways do these features or characteristics influence or facilitate service delivery from the developmental therapist‘s perspective?

a. Describe your feelings about what you believe influences your services in this setting.

b. What led or contributed to your services being influenced in this setting?

c. Are the described features in your opinion things that just influence, hinder and or facilitate your service delivery?

Research Question 3

What support, training and or preparation is needed for developmental therapists to provide services within the inner-city home environment?

a. Do you feel that you were prepared educationally or through training for these types of settings and or environments?

b. (If so or not) What made you prepared or what made you feel that you weren‘t prepared?

c. Do you feel that you need more training, support and or preparation now to assist you in providing services in this setting?

APPENDIX B: INVITATION FOR PARTICIPATION IN A DOCTORAL STUDY

Dear Illinois Developmental Therapy Association Member,

I am a graduate student at Walden University in the College of Education. I would like to invite you to participate in my research study on the Perceptions of Developmental Therapists on the Role that Inner City Home Environments Influence Service Delivery.

You may participate if you are a current member of the IDTA and currently provide services within the inner-city home environment.

The purpose of this study is to examine the perceptions of developmental therapists who work within the inner-city home environments and to explore their delivery of services. The inner city is described as having families with low-incomes, educational levels, no insurance, high crime areas and drug infestation. Therefore it is important to know how developmental therapist's perceptions on elements within this environment impact their services.

Participants will be asked to participate in a onetime interview process. If you agree to be a participant, you will be asked questions about your past and present experiences that relate to inner-city home environments and educational training. The interviews will be recorded and are scheduled to last about 60 minutes. Questions asked might be intrusive and elicit unpleasant responses. If this should happen, the interview will be discontinued, and if you request it, a referral will be made to a mental health professional should you feel the need to speak with a therapist or counselor.

Your participation in this study is entirely voluntary, and no money will be paid in exchange for participation. You can withdraw from the study at any time that you feel the need to do so.

If you would like to know more information about this study, an information letter can be obtained by sending me an email at begdepot@yahoo.com. If you decide to participate after reading the letter, I will forward you the additional information to you immediately.

If you have any questions, please contact me at begdepot@yahoo.com or 773-495-5152. You can also reach my chair Dr. Gary Lacy, at gary.lacy@waldenu.edu

Thank you for your consideration,

Tywanda Jiles, M.S. Ed

APPENDIX C: LETTER OF CONSENT TO RECRUIT PARTICIPANTS

Illinois Developmental Therapy Association
Lisa Lampman, CDS
Developmental Therapist
IDTA President

September 1, 2009

Dear Tywanda Jiles,

Based on my review of your research proposal, I give permission for you to recruit participants through the use of the IDTA website and or email list serve to conduct the study entitled Developmental Therapist Perceptions on the Role that Inner-City Home Environments Influence Service Delivery. As part of this study, I authorize you to place an electronic flier on the IDTA website to solicit volunteers to participate in your study. Individuals' participation will be voluntary and at their own discretion. Members reserve the right to withdraw from the study at any time if their circumstances change.

I confirm that I am authorized to approve you request to place your flier on the IDTA website.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

Lisa Lampman, CDS
Developmental Therapist
IDTA President

APPENDIX D: DEOMGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

How long have you worked as a developmental therapist? ___________________

How long have you worked in the inner-city as a therapist? ______________________

Age: Indicate your current age range
_____21-31
_____31-41
_____41-51
_____51-61

Gender: (choose one)
_____Male
_____Female

Race: (choose only one)
_____Black
_____White
_____Latino
_____Other
_____Multiracial

Indicate the number of hours you work as a developmental therapist a week
_____1-10
_____11-20
_____21-30
_____31-40
_____over 40

Annual Income working as a developmental therapist
______ 60,000 and up
______ 40,000 to 60,000
______ 20,000 to 40,000
_______ 1,000 to 20,000

APPENDIX E: INFORMED CONSENT TO PARTICPATE

Informed Consent to Participate in Research

Title of Project Study: Developmental Therapist Perceptions on the Role that Inner-City Home Environments Influence Behavior during Service Delivery

You are invited to participate in a research study about the perceptions of Developmental Therapists who work in inner-city home environments. You were identified as a possible participant because of your work experiences related to this topic.

This study is being conducted by: Tywanda Jiles, a doctoral candidate at Walden University.

Background information: The purpose of this study is to examine the perceptions of developmental therapists who work within the inner-city home environments and to explore their delivery of services. The inner city is described as having families with low-incomes, educational levels, no insurance, high crime areas and drug infestation. Therefore, it is important to know how developmental therapist‘s perceptions on elements within this environment impact their services. The perceptions and experiences of 10 developmental therapists will be the basis of this qualitative study.

Procedures: You are invited to participate in this research study. If you agree to be a participant, you will be asked relevant questions about your past and present experiences that relate to inner-city home environments and educational training. Audio recording along with field notes will be the primary source of data collection used during the interview. Interviews are scheduled to last between 60 minutes. The length of time of the interview will depend on the amount of information provided by you, the participant. In addition, you will be asked to review the transcript of your interview so that you can make any corrections you feel are necessary.

Risks and Benefits of being in this study: As a participant you will be given an opportunity to tell what you feel and perceive is important in terms of inner-city home environments and training preparation. Questions asked might be intrusive and elicit unpleasant memories that might be difficult for you to discuss. If this should happen, the interview will be discontinued, and if you request it, a referral will be made to a mental health professional should you feel the need to speak with a therapist or counselor.

Compensation: Participation in this study is voluntary, and no money will be paid in exchange for participation.

Confidentiality: All information gathered during this interview will be kept confidential. The researcher assures complete confidentiality of all recorded interviews, field notes, and other data, which will all be kept in a locked file cabinet. Audiotapes, transcripts, and consent forms will be secured in a locked file cabinet in the office of the researcher for a period of 5 years and will be destroy after this time. In addition, names will not be used to assure the participants' anonymity on transcripts and in journal articles where results of the study might be reported.

Voluntary Nature of the Study: The decision to participate in this study is voluntary and will not affect any future relationship with this researcher, or with the Illinois Developmental Therapy Association. You, the participant, can withdraw at any time that you feel the need to withdraw.

Contacts and Questions: The researcher conducting this study is Tywanda Jiles. The research supervisor for this study is Dr. Gary Lacy he can be reached at gary.lacy@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-925-3368, extension 1210. Walden University's approval number for this study is **9-23-09-0295400** and it expires on **September 22, 2010.**

The researcher will give you a copy of this consent form to keep.

Statement of Consent: I have read all the outlined information submitted in this consent form. I am aware that I can ask questions and receive answers to my questions. I am giving consent to be a participant in this study by electing to sign below.

Please print your name: ____

Participant's Signature: ________________ Date:__________

Researcher's Signature: ________________ Date: ________

APPENDIX F: EXPERT PANEL

Expert Panel for Research Questions

Each panel member reviewed the research questions that were developed for this study. The panel consists of experts in the field of early childhood education and early intervention in the State of Illinois.

Marsha Hawley, Assistant Professor of Early Childhood Education at Kendall College

Kim Gardner, Service Coordinator for Early Intervention Services at LaRibida Children's Hospital. (Former evaluating team member)

APPENDIX G: PROJECT

Preparing Developmental Therapists to Foster a Sense of Community and Life Long Learning: A Professional Development Program

Developed by: Tywanda Jiles
Walden University-Doctoral Student

1

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2

Overview

The Professional Development Program

Professional Learning Communities (PLC's)for Early Intervention Personnel are intended to help developmental therapist gain support, meaningful training, collaboration, and inquiry that will lead them to foster lifelong learning.

The conceptual framework for this model is Kurt Lewin's Field Theory: Lewian Field Theory indicates that people are affected by their lived experiences and environment can influence behavior. Based on this theory this model of professional development has the following aspects embedded in.

- Support for working in different environments (to help in creating positive experiences)
- Best practice in service provisions (success (to help in providing strategies to work in effectively in environments)
- Professional development trainings and workshops (to help combat life experiences and environment when there are potential negative facilitators).

3

There are three goals for this model:

Based on these aspects the professional development model was created with three sections within it that are designed to support, motivate and educate developmental therapists.

- **-Provide therapists with an ongoing form of professional development**
- **-Provide therapist with support from their peers**
- **-Provide therapists with a more supportive sense of supervision**.

4

Model Meeting Specifications

The model requires that therapist meet four times a year in addition to their monthly face-to-face sessions, which will be 8 rather than the 12. The quarterly PLC meetings guide EI trainings and workshops based on the needs and concerns that the members have or share out in their community.

5

Research on Developmental Therapists

This professional development program is based on research that reviewed the perceptions of developmental therapist who work within inner-city environments. A study was conducted with current practicing developmental therapists as well as research on professional learning communities. This research served as the framework for meeting the professional development needs of DT's.

6

Results from this Study:

- **That more meaningful training and support is needed within professional development in Early Intervention.**
- **That education and training that was required in becoming a Developmental therapists was not adequate in relationship to providing services in natural environments.**
- **That elements and objects within the inner-city environment impacts service delivery.**

These findings indicated that there is a need for different professional development opportunities.

7

Professional Learning Communities

The professional development model created for developmental therapists is based on the design of Professional Learning Communities.

PLC's have the following characteristics:

- **Community**
- **Shared Vision**
- **Collaborative Inquiry**
- **Supportive Conditions**
- **Shared Practice**

8

Professional Learning Communities Model Design

This model includes three sections:

- **1.) Foster Support and Community among Developmental Therapist's**
- **2.) Increase meaningful learning**
- **3.). Applied strategies in the field**

9

Section 1: *Fostering Support and Community between DT's*
Instructions and Purpose for fostering support and community in the PLC's

The purpose of the learning communities is to share information and provide support for therapists by providing them with opportunities to be a part of a community of credentialed peers who work in the same service areas. The community is comprised of a service coordinator and early intervention credentialed providers who are from a specific region designated by their Child, Family and Connections Service area.

All team members must be present for their quarterly meetings. Attendance and participation is essential to PLC's. Meetings should take place in areas and times that are convenient for providers to participate. A member from the team will take the lead responsibility to complete the meeting form, facilitate the discussion and turn in the required paperwork. This position can be rotated among the team members.

10

Section 2: *Increasing Meaningful learning among DT's*

Forms to help increase meaningful learning among DT's in PLC's

11

Example of Projected Form 1

Professional Learning Communities Meeting Outline

All meetings must be present documented proof of record and the information should include the following:

- **a) Date**
- **b) Start time and End Time**
- **c) Providers Present**
- **d) Agenda topics or group discussions**
- **e) Copy of minutes from previous meeting to address old concerns and issues**
- **f.) New items to be added for next meeting**
- **All information is turned in to Early Intervention personnel to help in deriving future training and workshop needs.**

12

Example of Projected Form 2

Professional Learning Communities Meeting Form

Date: ____________________________ CFC Region: ______________________
Start Time: ___________________ End Time: _____________________

Providers Present (include disciple):

____
____
____
____
____

Service Coordinator: ___________________
Topics discussed:

____
____
____
____

Outcomes of discussion:

13

Example of Projected Form 3

Items for next community meeting

____
____
____
____
____

To ensure that all interested topics and ideas are held.

14

Section 3: Applied Strategies to Implement in the Field

Each meeting will allow time for therapists to ask questions about specific situations that are encountered in the field. All information about the children and families must remain confidential. Providers will share and model specific strategies that can help one another. Providers can role-play and bring in items to help one another. This allows therapists to gain new knowledge on how to implement strategies.

All strategies discussed should also be recording on the meeting sheet.

**Strategies for application modeled and or discussed*

15

Professional Learning Communities

A place where professionals can learn, gain support and share!

16

APPENDIX H: MEMBER CHECK LETTER

INDIVIDUAL MEMBER CHECK LETTER

Thank you for participating in my study on the perceptions of developmental therapists on the influences of the inner-city home environment while providing service delivery. By sharing your experiences about what things influenced your service delivery as a provider has been valuable. Your responses helped to bring this case study to life.

Please find a copy of your interview transcript attached to this email. Please take the time to review it for accuracy, in addition you are welcome to add, or make any changes that you would like. Upon completing your review return the transcript back to me via email or fax at begdepot@yahoo.com or 773-346-1277 (fax)

It is very important to me that I reflect your experiences authentically as
possible. Once again I express my gratitude to you for participating in this study. If you have any questions please feel free to contact me at the email address listed above or by phone at 773-495-5152.

Sincerely,

Ty Jiles

CURRICULUM VITAE

TYWANDA MICHELLE JILES

346 W. 113th Street . Chicago, Illinois 60628
Phone 773-495-5152 . Email: begdepot@yahoo.com

OBJECTIVE

To serve as an instructor on an educational team or at an institution that provides educational experiences for early childhood professionals and or paraprofessionals. The setting should foster student-centered learning, progressive and innovative curriculum and instruction, positive school-community relations, mission focused strategic planning, collaborative decision making, performance based assessment and continuous improvement.

EDUCATION

Doctoral student in Early Childhood Education
Walden University Baltimore, MD
Dissertation Topic: DEVELOPMENTAL THERAPISTS PERSPECTIVES ON THE INNER-CITY HOME ENVIRONMENT AND ITS ROLE ON SERVICE DELIVERY

Dialogues on Education: Regional US Study Group 2008
Loris Malaguzzi Reggio Emilia, Italy
International Centre

M. S. Ed., Early Childhood Education, 2004
Dominican University River Forest, IL
. Illinois Type 04 Certification
. Endorsement in Early Childhood Special Education

B.A., Liberal Arts, 2002
Governors State University University Park, IL

EXPERIENCE

GOVERNORS STATE UNIVERSITY 2008-present
Assistant Professor of Early Childhood Education
. Teach courses in early childhood education for bachelor degree and type 04 certification seeking students
. Teach courses in the Masters in Early Childhood Program
. Serve on the Educational Policy and Accreditation Committees
. Provide leadership and mentoring to students enrolled in the program

KENDALL COLLEGE 2006-2008
Assistant Professor of Early Childhood Education
. Teach courses in early childhood education for bachelor degree and type 04 certification seeking students
. Serve as the LPP Director: (Lesson Plan Portfolio) assesses students portfolios, host informational sessions and provide guidance and feedback for students to successfully pass the required assessment.
. Serve as the Golden Apple Liaison attend meetings and seek interested students for the program.
. Other duties include work on HLC Committee for accreditation as well as the ISBE Accreditation process

CARDEAN LEARNING GROUP/ELLIS UNIVERSITY 2006-present
Adjunct Instructor
. Teach introductory on-line courses to students pursing the Child Development Associate Credential (CDA)
. Specifically Introductory courses in Early Childhood Education.

BEGINNER'S DEPOT EARLY CHILDHOOD CONSULTING 2003-present
Independent Consultant/Developmental Therapist
. Provide early intervention services to at-risk infants and toddlers and their families.
. Perform evaluations and assessments; work with service coordinators to achieve goals and outcomes
. Perform program improvement and professional development to early childhood programs.
. Accreditation facilitator, trainer and consultant- self-study portfolio guidance

ST. AUGUSTINE COLLEGE 2005-2006
Adjunct Instructor
- Teach introductory courses in early childhood education to college students
- Specifically Health, Safety and Nutrition for Young Children, Speech and Language Acquisition for Young Children and Introduction to Early Childhood Education

CHICAGO PUBLIC SCHOOLS 2005-2006
Head Start Teacher
- Supervises the operations of the classroom and the teacher assistant, specifically focusing on curriculum delivery and student achievement
- Partners with the school team leaders and grade level teachers to implement a rigorous technology based age-appropriate curriculum
- Work closely with parents and local communities agencies for the best academic outcomes possible for the children

CHICAGO PUBLIC SCHOOLS/CICS-BASIL CAMPUS 2002-2005
Kindergarten Teacher
- Supervises the operations of the classroom and the teacher assistant, specifically focusing on curriculum delivery and student achievement.
- Partners with the school team leaders and grade level teachers to implement a rigorous technology based age-appropriate curriculum.
- Work closely with parents and local communities agencies for the best academic outcomes possible for the children.

ACTION FOR CHILDREN 2001-2003
Provider Resources and Recruitment Specialist
- Responsible for the coordination of family childcare providers and center-based programs lending library and other pertinent resources.
- Conducted home visits to non-licensed homes for to ensure quality care.
- Provided technical assistance to all clients regarding educational services and funding resources.

REGIONAL OFFICE OF EDUCATION 1999-2001
Social Skills Instructor-R.E.A.D.Y Alternative High School
- Worked with students in grades 6-12th in an alternative high school.
- Facilitated the educational curriculum to the students.
- Responsible for the implementation of the discipline program by using social skills that was designed to help the students in their academic progress.

BOYS AND GIRLS CLUBS OF ILLINOIS 1997-2001
Unit Director
- Opened and established a new club in Urbana, Illinois that was consistent with the mission and policies of the organization.
- Direct the daily operations of the 200-member club while supporting the 6+member staff.
- Managed facilities; supervised maintenance staff; procured all contracts pertaining to plant and operations.
- Supervised the clubs events; created the club's yearly calendar.
- Oversaw member registration process, including recruitment.
- Developed and implemented programs that would benefit the members both socially and academically such as Power Hour a national homework program and Smart Girls a awareness program for pre-teen girls that alerts them to the dangers of drugs and sex.

RELATED EXPER.IENCES

- Early Intervention Credential in Developmental Therapy granted by the Illinois Department of Human Services
- Child Development Associate Advisor (CDA)
- Council Representative for the National Council for Professional Recognition for the Child Development Associate Credential Program
- Member of the Academy of Boys and Girls Club Professionals
- Independent Early Childhood Consultant-
- The Next Step Program (National Louis University)
- Illinois Director Credential-Level 1
- Illinois type 04 Certification

- Illinois Professional Development Advisor
- Illinois Trainers Network through INCCRRA

PROFESSIONAL MEMBERSHIPS

- INCCRRA-Core Knowledge Committee
- Illinois Higher Education Advisory Ad-hoc Work Group
- National Association for the Education of Young Children
- Chicago Metro Association for the Education of Young Children
- Illinois Developmental Therapy Association
- Illinois Trainers Network: Creative Curriculum & Heads Up Reading Program
- Illinois Infant Mental Health Association
- Infant and Toddler Workforce Group

PRESENTATIONS

- Illinois Education Research Council
  2009- Focus on Illinois Education Research Symposium
- Oakton Community College-Infant and Toddler Conference-Des Plaines, IL
  2009-Relationg to Cultures Sensitivity is More Than a Word
- Oakton Community College-Infant and Toddler Conference-Des Plaines, IL
  2008-Dancing with Diversity
- Chicago Metro AEYC Conference-Chicago, IL
  2008-Panel discussion-Innovative Early Childhood Programs for Adults
- Chicago Metro AEYC Conference-Chicago, IL
  2007-Facilitated Discussions for Infant/Toddler Providers: Culture and Discipline
- Chicago Metro AEYC Conference-Chicago, IL
  2007-Coping with the Day to Day Stress of Working with Families
- Oakton Community College-Infant and Toddler Conference-Des Plaines, IL
  2007-More than learning, Play is Essential
- Easter Seals-Infant and Toddler Symposium-Chicago, IL
  2007-I've Done Everything! Why won't this baby stop crying?
- Chicago Public Schools-Pre-K Program-Chicago, IL
  2005-ABC's Without any Stress
- CHASI-Training Program-Chicago, IL
  2004-Planning for Infants

PUBLICATIONS

- Jiles, Tywanda (2009). Compendium of Abstracts. Illinois Education Research Symposium.